

**SERVICE APPLICATION**

Have you had service previously? YES  NO

Is this a rental or leased property? YES  NO  Copy of Rental or Lease Agreement Required

If yes. Who is the Owner of the property?

Is this a new service? YES  NO

Service Location in What Town?

Last Name

First Name

Middle

Mailing Address:

Service Address:

Telephone Number:

Cell Phone Number:

Email Address:

Driver License Number:

State of Issue:

Social Security Number:

**CUSTOMER AGREEMENT/SERVICE CONTRACT ADDENDUM**

By signing this you are certifying that the information you provided to LRWS and the supplemental service information is true and correct. By signing this application for water, wastewater, garbage, solid waste, fire, DHEC, and police protection services, the applicant agrees to pay all cost of collection of the applicant's unpaid bills. The Lowcountry Regional Water System has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If Lowcountry Regional Water System chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue, the Municipal Association of South Carolina, and/or the Lowcountry Regional Water System. If Lowcountry Regional Water System chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following information is required by the Federal Government in order to monitor our compliance with Federal laws prohibiting discrimination. This information is used only for monitoring and statistical purposes. You are not required to furnish this information, but are encouraged to do so. If you do not furnish ethnicity, race, or sex, under federal regulations, this company is required to note the information on the basis of visual observation or surname.

**"This is an Equal Opportunity Program"**

I do not wish to furnish this information.

**Sex:** Female  Male

**Ethnicity:** Hispanic or Latino  Not Hispanic or Latino

**Race:**

American Indian or Native Alaskan  Asian  Black/African American

Native Hawaiian or Other Pacific Islander  White  Other

**OFFICE USE ONLY**  
**Supplemental Service Information**

Service Location in What Town? Brunson  Gifford  Hampton  Varnville  Yemassee

What Type of Garbage Service is Required? Residential  Commercial

What Type Garbage Bin is Required? Roll Cart  Dumpster Bin

How Many Roll Carts Requested? \_\_\_\_\_ What Size Dumpster Bin? \_\_\_\_\_

Day of Pick Up Is: Monday  Tuesday  Wednesday  Thursday  Friday

Number of People in Household? \_\_\_\_\_

**Type of Occupancy/ Use:**

Single Family Residential  Multi-Family Residential  Office / Commercial

Industrial  Institutional  Cleaning  Construction

Application Fee Charge \$ \_\_\_\_\_

Tap Fee Charge \$ \_\_\_\_\_

Sewer Impact Fee Charge \$ \_\_\_\_\_

Total Charges Due \$ \_\_\_\_\_