



Clarendon County Water & Sewer Department

411 Sunset Drive, Manning, SC 29102 803-433-3255

New Account Application

Today's Date _____ Owner _____ Renter _____
Name _____ SS# _____
Service Address _____ DL# _____
Mailing Address _____ Date of Birth _____
City _____ Phone # _____
State _____ Zip _____ Email _____

By signing this application for Water, Sewer, Irrigation and or any combination, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. Clarendon County Water and Sewer Department has the right, pursuant to the South Carolina Set-Off Debt Collection Act, to collect any sum due and owed by the applicant through offset of the applicant's State Income Tax refund. If Clarendon County Water and Sewer Department chooses to pursue debts owed by the applicant through the Set-Off Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the Set-Off Debt process, including fees charged by the Department of Revenue, the South Carolina Association of Counties, the Municipal Association of South Carolina, and/or the Clarendon County Water & Sewer Department. Should Clarendon County Water & Sewer Department choose to pursue debts in a manner other than Set-Off Debt Collection, the applicant agrees to pay the costs and fees associated with the selected manner as well.

Clarendon County reserves the right at any time, without notice, to interrupt water, sewer, or irrigation service for maintenance, repairs, or extensions of said services or the system as a whole without any liability to Clarendon County for damages resulting therefrom.

The applicant understands and agrees that he/she will not receive water from any part of the Clarendon County Water and Sewer System without a valid permit from the Clarendon County Planning Commission or an in-service meter that has no outstanding charges for services pending.

The applicant agrees to notify Clarendon County Water and Sewer Department, in person or in writing, with proper identification, when he/she desires to have their utility services terminated. Clarendon County Water and Sewer Department shall be permitted five (5) days after the receipt of such notice to take a final reading of the meter and to discontinue service.

I _____ agree to be responsible for the water, sewer and/or irrigation bill at
Print Name

the above address until the Clarendon County Water and Sewer Department receives a signed disconnect request from me to close out the account.

Signature

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, Clarendon County Water and Sewer Department is required to note the information on the basis of visual observation or surname. "This is an Equal Opportunity Program."

Ethnicity:	Hispanic or Latino	___	Race:	American Indian or Alaska Native	___
	Not Hispanic or Latino	___		Asian	___
				Black/African American	___
Sex:	Female	___		Native American or Pacific Islander	___
	Male	___		White	___

FOR OFFICE USE ONLY:

Today's Date _____

Book _____ Account _____

Billing Code: WA ___ SW ___ HOA ___

Application Fee _____

Irrigation _____

Meter # _____

Cut On Date _____

Cut On Reading _____

Completed By _____

Entered By _____