

TOWN OF KINGSTREE WATER SERVICE APPLICATION

401 N. Longstreet Street
Kingtree, SC 29556
Office: 843-355-7484
Fax: 843-355-3004

ALL SERVICE FEES ARE NON-REFUNDABLE

Service Fee(s):

Inside/Outside Town Limits - Residential	\$75 + \$10 Garbage Fee (optional outside)
Inside/Outside Town Limits - Commercial	\$75 + \$20 Garbage Fee (optional outside)
Temporary Account(s)	\$25

Tap Installation: () Water () Sewer () Water and Sewer

The Town of Kingtree requires the Account Holder's picture identification, social security card and a copy of the Rental Agreement or Buyer's Agreement showing the applicant's name and physical address. Commercial Businesses in-town must show proof of a current Business License and Building Inspection.

Account Number: _____

Name of Account Holder _____

Physical Address _____

Mailing Address (if different from above) _____

Social Security # _____ SCDL/ID# _____

Home Phone _____ Cell Phone _____ Work Phone _____

Check one: () Male () Female () Business/Commercial Other ()

Secondary Account Holder's Name _____ SS# _____

Has the account holder or spouse (if applicable) had previous water service with the Town of Kingtree, under any other name or address? ____ Yes ____ No If yes, please give the other name or previous address

_____.

Water Service Connection Date: _____

SANITATION:

Dumpster: Number of containers _____

Garbage Container (**GREEN**): Number of containers _____ (optional outside)

****NOTICE TO THE CUSTOMER: PLEASE READ, INITIAL AND SIGN BELOW****

_____ I understand that terms and conditions of service are subject to change to meet industry standards, rules and regulations.

_____ I certify that I am eighteen (18) years of age or older and I will be responsible for payment of my bill(s) once mailed and/or upon termination of service. I understand that no further actions will be taken to ensure that I have received my bills. No late or second notices will be mailed. I understand that I need to contact the Town if I haven't received my bill by or before the 25th of the month.

_____ I understand all meters will be read once a month and each monthly bill is due and payable by or before the 25th of each month. Failing to pay my bill on or by this date will result in a late fee charge of 15% added to my bill. The penalty will be collected along with the water bill.

_____ I understand that upon activation of this account, I am automatically opted into the Partners in Hope Program. It is a round up program to assist participating customers in times of financial hardship.

_____ I understand to avoid interruption of service (disconnection), all utility bills must be paid by the last day of each month. If bills are not paid by the last day of the month, a \$40.00 nonpayment fee will be added to the utility bill. A nonpayment fee will be added at 8:00 am on the first business day of the following month whether service has been physically cutoff. If the last day of the month falls on a non-business day, then the actual interruption (disconnection) of service will take place at 8:00 am on the next regularly scheduled workday for the Town of Kingstree. All payments in the night deposit box before 8:00 am will be processed before fees are added.

_____ I understand that it shall be unlawful for any person, business, or entity to use receptacles or utilize town solid waste services for which such person, business, institution or entity has no active account or paid the applicable established fee or fees. Local authorities will be contacted to enforce laws against theft.

_____ I further understand that any leaks between the customer's (property owner/tenant) meter and the home/apartment is my responsibility. I understand that I can have no more than one (1) leak adjustment to my account during a twelve (12) month period with certain exceptions due to administration error.

_____ I certify that I understand that it is against the law to enter or tamper with any water meter/box whether on private or public property, and that the Town of Kingstree can and will pursue criminal charges. Section 16-13-385 of the South Carolina Code of Law provides for penalties up to \$500 and imprisonment up to 30 days for tampering and obstructing water meters. I understand that any person who tampers with a water meter to restore services without payment violates the law.

_____ I understand if the meter/meter box/meter connection cable is damaged through my neglect or carelessness, I am responsible for the cost of repairs/replacement. The assessed cost of the equipment or material will be charged or added to my water bill.

_____ I certify that I understand that if I move out of the above listed address, I must fill out a Disconnect Form to finalize and close my service account out.

I acknowledge that I have read the above information by my initials, and I understand that I am responsible for payment of my utility services to the Town of Kingstree as described. I further acknowledge the information I have provided is true and accurate to the best of my knowledge.

Applicant Signature _____

Date _____

Secondary Signature _____

Date _____

REQUEST FOR SANITATION SERVICES

(OPTIONAL FOR OUTSIDE TOWN LIMIT CUSTOMERS)

ACCOUNT#: _____

I, _____ DO HERBY REQUEST _____
Name Name Number

TRASH ROLL CART(S) AT _____
Address

Signature

Date

Town of Kingstree
Customer Agreement Service Contract Addendum

By signing this application for water and or sewer, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Kingstree has the right pursuant of the South Carolina Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the Town of Kingstree chooses to pursue debts owed by the applicant through the Set Off Debt Collection Act, the applicant will have to pay all fees and costs incurred through the set off process, including fees charged by the Department of Revenue, The Municipal Association of South Carolina and the Town of Kingstree. If the Town of Kingstree chooses to pursue debts in a manner other than Set Off Debt Collections, the applicant agrees to pay those costs and fees associated with the selected manner as well.

Applicant Signature _____ Date _____
Secondary Signature _____ Date _____

This is an equal opportunity program. Discrimination is prohibited by Federal law.

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 Authority is required to note the information on the basis of visual observation or surname.

I do not wish to furnish this information.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Sex: Female Male

Race: American Indian or Alaska Native

Asian

Black/African American

Native Hawaiian or Other Pacific Islander

Caucasian