



Town of Turbeville

P.O. Box 70 ~ 1400 Main Street Turbeville, South Carolina 29162

Telephone (843) 659-2781 ~ Fax (843) 659-2782

Application for Water / Sewer Service

Name of Individual: _____

Physical Address for service: _____

New Account # _____

Mailing Address: _____

Telephone: (____) _____ - _____ Work Phone: (____) _____ - _____

If renting – please list property owner: _____

Contact Number: (____) _____ - _____

Transfer from Account _____

deposit transferred

Name change from _____

AGREEMENT

It is the intent of the Town of Turbeville to furnish water and/or sewer to residential, commercial and industrial users within the Town limits through main lines owned by the Town. Failure of the customer to cooperate in the observance of the Town Ordinances which govern this agreement shall result in the immediate termination of service and cessation of the Town's obligation to provide water and/or sewer service to the user listed above. By signing this application for utilities, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Turbeville 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 the Town of Turbeville 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 Town of Turbeville. If the Town of Turbeville 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. Furthermore, I understand that, should I fail to abide by this agreement, the Town of Turbeville Ordinances governing Water/Sewer Service provides for criminal and financial penalties.

Applicant's Signature

Date Signed

ID STATE: _____ ID NUMBER: _____

DOB: ____ / ____ / ____ SSN: ____ / ____ / _____

Town Clerk

DEPOSIT PAID: \$ _____ CASH CHECK CC

DEPOSIT ENTRY ____ / ____ / _____

RECEIPT NUMBER: _____

Start Read:

TAP FEE:\$ _____ TRANSFER FEE:\$ _____

FINAL BILL DATE ____ / ____ / ____ DEPOSIT WAS APPLIED TO FINAL BILL

Replaced Meter ____ / ____ / ____

MADE INACTIVE ____ / ____ / _____

Replaced MXU ____ / ____ / ____

NOTES: