



NEW SERVICE APPLICATION

Return completed **application** with a copy of your **photo ID, proof of ownership/authorization** (HUD, Settlement Statement, or valid lease agreement) to our office at 1000 2nd Ave. **E-mail utilitybilling@cityofconway.com with any questions**

APPLICANT NAME: _____ **SSN:** _____

TELEPHONE#: (____) _____ **E-MAIL** _____

SERVICE TYPE: RESIDENTIAL____ COMMERCIAL____ IRRIGATION____ TEMPORARY____

IF COMMERCIAL, WHAT TYPE OF BUSINESS? _____ **CONTACT:** _____

DO YOU HAVE AN EXISTING ACCOUNT WITH US? Y N **IF YES, ACCOUNT #** _____

SERVICE ADDRESS: _____

SERVICE ACTIVATION DATE ___/___/___ **TEMPORARY SERVICE** _____ - _____

START DATE END DATE

_GO PAPERLESS! **YES, Sign me up to receive my bill by email!**

Bank Draft **YES, I would like to sign up**

IF YOU ARE RENTING THE PROPERTY, PLEASE FILL IN THE INFORMATION BELOW:

LANDLORD _____ **TELEPHONE#:** (____) _____

ADDRESS _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

BILLING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WATER AND/OR SEWER SERVICE CONTRACT

The undersigned applicant for water and/or sewer service agree, if applicable, to conform to and abide by all the rates, rules and regulations provided by ordinance, code, resolution or otherwise of the City of Conway for water, wastewater and/or garbage service as are now, or hereafter, in force and which are a part of this contract. Also, the applicant understands that if they are in city limits they will be billed for sanitation pick up regardless if used and will also be billed for storm water runoff according to the Storm Water Ordinance.

Applicant understands that the City of Conway has the right pursuant to the SC Debt Setoff Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the City of Conway chooses, to pursue debts owed by the applicant through the Debt Setoff Collection Act, the applicant agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Dept. of Revenue, the SC Association of Counties, the Municipal Association of SC and/or the City of Conway. If the City of Conway 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: _____

FOR OFFICE USE ONLY

Date of Application	___/___/___	In City	___	Deposit Amount \$	_____	Service Charge: \$	_____	Work Order	_____
Billing Code:	01 02 03 04	Sanitation:	___	\$	_____	Cart Purchased	_____	(Send form to PW for delivery)	
Stormwater:	___	Impervious Area	_____	Restrictive Covenant Needed:	___	(attach if required)		Annexation Needed:	___
Account #:	_____ - _____	REU:	___	Transfer	___	Fr Account	_____	To Account	_____
Notes:									