



## NEW SERVICE APPLICATION (COMMERCIAL)

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 2<sup>nd</sup> Ave. E-mail [utilitybilling@cityofconway.com](mailto:utilitybilling@cityofconway.com) with any questions.

BUSINESS NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ BUSINESS OWNER: \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE #: (\_\_\_\_) \_\_\_\_\_ OWNER TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

SERVICE ACTIVATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ BANK DRAFT? Y N (PLEASE FILL OUT BANK DRAFT FORM)

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

LANDLORD NAME: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

### 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 confirm 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: \_\_\_\_\_

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	____	From Acct	_____	To Acct	_____
Notes:	_____ _____ _____								