



NEW SERVICE APPLICATION (RESIDENTIAL)

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 #: (____) _____

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

DO YOU WANT TO TRANSFER SERVICES? Y N SERVICE DISCONNECTION DATE ____/____/____

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: