ACCOUNT #: _____

MAILING ADDRESS: P. O. BOX 629
Darlington, S.C.
29540

Email: dptwdso@yahoo.com

City of Darlington
South Carolina

SERVICE CONTRACT

DATE: _____

FULL NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF SERVICE REQUESTED: SPRINKLER SYSTEM ____ RESIDENTAIL ____ COMMERCIAL ____

SOCIAL SECURITY NUMBER: _____-_____-_____

I.D.#: _____

DRIVERS LICENSE #: _____

HOME PHONE #: _____ BUSINESS PHONE #: _____

CELL PHONE #: _____

AUTHORIZED PERSON TO ACCESS ACCOUNT: _____

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

NAME OF LANDLORD / IF RENTING: _____

PHONE #: _____

DATE SERVICE REQUESTED: _____

ORDERED BY: _____

SIGNATURE: _____

Email: _____

SERVICE CONTRACT ADDENDUM

By signing this application for Water & Sewer service the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The City of Darlington Water & Sewer Department has the right pursuant to the South Carolina Setoff Debt Collection Acts to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the City of Darlington Water & Sewer Department 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 South Carolina Association of Counties, The Municipal Association of South Carolina and / or the City of Darlington Water & Sewer Department. If the City of Darlington Water & Sewer Department 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.

By signing this I agree that I have read and understand the terms of this agreement and hereby release any responsibility or liability to the City of Darlington for any inconvenience rendered me should any of the above mentioned occur.

DATE: _____

SIGNATURE: _____

WITNESS: _____

LETTER OF AGREEMENT

SPECIAL NOTE: FOR ANY REASON THERE IS A DISCREPENCY ABOUT THIS ADDRESS OR ANY INFORMATION GIVEN BY APPLICANT, SUCH AS NAME SWITCH, OR AN OLD UNPAID BILL. IF ANY KNOWLEDGE OF THIS OCCURS, YOUR WATER SERVICES WILL BE DISCONNECTED WITHOUT NOTICE OR SERVICE WILL BE DENIED, UNTIL THIS MATTER IS RESOLVED. IF WATER IS FOUND ON AT THE LOCATION ILLEGALLY YOU MAY FACE PROSECUTION.

By signing this I agree that I have read and understand the terms of this agreement and hereby release any responsibility or liability to the City of Darlington for any inconvenience rendered me should any of the above mentioned occur.

DATE: _____

SIGNATURE: _____

WITNESS: _____

ACCOUNT#: _____

IMPORTANT THINGS YOU NEED TO KNOW

WATER DEPARTMENT #: (843)398-4040 OR (843)398-4041

EMERGENCY NUMBER AFTER HOURS: (843)758-1127

STREET AND SANITATION#: (843)398-4035 OR (843)398-4036

Street and Sanitation hours are: MONDAY – FRIDAY 7:30 A.M. TO 3:30 P.M.

EMAIL ADDRESS: dptwdso@yahoo.com

Pay utilities on line at: www.darlingtonpayments.com or call 1(877)794-1145

@$3.95 SERVICE CHARGE

1. USUALLY ALL NEW ACCOUNTS RECEIVE 1st BILLING AT THE BEGINNING OF THE SECOND MONTH OF SERVICE. IF YOU HAVE NOT RECEIVED A BILL BY THE 3RD OF _____, PLEASE GIVE US A CALL. IF BILL REMAINS UNPAID BY THE 15TH WATER IS SUBJECT TO BE CUT OFF. IN ORDER TO GET SERVICE RESTORED BILL HAS TO BE PAID ALONG WITH RECONNECTION FEE. THE CITY OF DARLINGTON IS NOT RESPONSIBLE FOR ANY DELAYED DELIVERY OF MAIL.

2. QUESTIONS CONCERNING RESIDENTIAL ROLL CARTS YARD TRASH AND RECYCLING PICK – UP SHOULD BE DIRECTED TO THE SANITATION DEPARTMENT.

3. REQUEST TO HAVE WATER PERMANENTLY DISCONNECTED FOR FINAL BILL REQUIRES A SIGNATURE ALONG WITH IDENTIFICATION. WE WILL ACCEPT WRITTEN AUTHORIZATION ALONG WITH A COPY OF YOUR IDENTIFICATION. A FORWARDING ADDRESS IS ALSO REQUIRED. IF FINAL BILLS ARE NOT PAID IN FULL THE ACCOUNT WILL BE PROCESSED THROUGH THE SETOFF DEBT PROGRAM TO COLLECT PAYMENT. IF DONE BY PHONE YOUR ACCOUNT MUST BE UPDATED TO VERIFY WHO YOU ARE.

By signing this I agree that I have read and understand the terms of this agreement and hereby release any responsibility or liability to the City of Darlington for any inconvenience rendered me should any of the above mentioned occur.

DATE: _____

SIGNATURE: _____

WITNESS: _____