



**CITY OF SUMTER, SOUTH CAROLINA
WATER SERVICES ACCOUNT APPLICATION AND AGREEMENT**

Water Account # _____ Billing Codes Water (WA) _____ Sewer (SW) _____

Service Address _____, SC _____

Water Account Holder _____

SS # _____ DL# _____ State of Issue _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ - _____ Day Time Phone (____) _____ - _____ - _____

Cell Phone (____) _____ - _____ - _____ E-Mail: _____

Deposit Amount \$ _____ Monthly Payment by Check Draft Y _____ N _____

Meter # _____ Cut on Date _____ Cut on Reading _____

Tap Application _____ Completed By _____ Entered By _____ Pulled Mtr _____

As the named Water Account Holder, I acknowledge the requested water services are good and valuable consideration for which the City of Sumter is entitled to be compensated, and I agree to pay for said services in a timely manner. I accept full responsibility for all water services at the Service Address and agree to use and maintain said water services in a responsible manner. I further agree to maintain the City's equipment and the connection to the water system in a reasonable manner and to protect same from damage, misuse, or abuse. I agree to pay all costs of any replacements or repairs due to damage, misuse, or abuse of water services, water connections, or City equipment at this Service Address. I agree I am responsible for payment even if I did not personally use the water services. I also agree I am responsible for any and all damage, misuse, or abuse of water services at the Service Address. I understand that use of the water services by others or abuse of water services, water connections, or City equipment by another does not remove or diminish my responsibility for this Water Account or my duty to pay the City of Sumter for goods and services related to this Water Account.

I understand and agree my duties and responsibilities as Water Account Holder for this Service Address remain in full effect unless and until I sign and submit a written DISCONNECT REQUEST to the City of Sumter Water Department. If the Water Department does not receive a signed, written DISCONNECT REQUEST, I remain responsible for ALL COSTS of water services at the Location even if I am absent from the Service Address, no longer have a legal interest in the Service Address, or have turned the Service Address over to the possession of a third party.

In the event I should fail to pay the City of Sumter for the goods and services provided, I agree to pay all costs related to collection of my unpaid bills. I understand the City of Sumter has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by me through offset of any State income tax refund to which I may be entitled. If the City of Sumter chooses to collect my debts through the Setoff Debt Collection Act, I agree 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 Sumter. If the City of Sumter chooses to pursue debts in a manner other than setoff, I agree to pay the costs and fees associated with same. I understand that use of setoff debt collection does not stop the City from pursuing other collection methods.

____ (initials) THE ABOVE SERVICE ADDRESS IS LOCATED OUTSIDE OF THE CITY LIMITS OF SUMTER. AS THE WATER ACCOUNT HOLDER FOR THE SERVICE ADDRESS, I HEREBY SUBMIT TO THE JURISDICTION OF THE CITY OF SUMTER MUNICIPAL COURT AND THE CITY OF SUMTER WATER COURT FOR PURPOSES OF DEBT COLLECTION AND ENFORCEMENT OF STATE AND LOCAL LAWS RELATED TO FAILURE TO PAY, USE, MISUSE, AND ABUSE OF WATER UTILITIES AND WATER SERVICES.

My signature below indicates I have read and understand all conditions under which I accept water services from the City of Sumter and become the Water Account Holder for the above named Service Address. My signature further indicates I have either waived any right I may have to consult an attorney or in fact consulted an attorney prior to signing this agreement. By signing below, I accept all terms and conditions set forth in this agreement and agree to all responsibilities related to being a Water Account Holder.

Signed _____ Date _____

Witness _____ Date _____