Water/ Sewer Service Application			
WEST COLUMBIA HEAD WEST.	Service Start Date:		
	Service Address		
	City/State/Zip:		

The undersigned hereby applies to the City of West West Columbia for a water/sewer supply, to be furnished through a meter, for which service the undersigned agrees to pay a monthly rate and minimum charge (whether the minimum volume of water is used or not) as may be established by the City of West Columbia in accordance with its ordinances. It is understood and agreed that the applicant will comply with all rate schedules, rules, regulations and ordinances of the City of West Columbia in connection with this service; that the City reserves the right at any time without notice to interrupt water service for maintenance, repairs or extensions without any liability to the undersigned or owner of such premises for damages resulting there from; if the service is disconnected for cause, the Consumer agrees to pay all outstanding bills and an applicable reconnection fee for service to be restored. That the undersigned will not receive water from any part of the City water system without a valid permit or without an in-service meter. Consumers located outside the municipal limits recognize and agree that the City of West Columbia has no obligation to furnish non-residents with water and/or wastewater service. The Consumer agrees if he or she owns the property receiving water and/or wastewater service, to sign any annexation petition upon request from the City of West Columbia and that the City can terminate sercice if the owner of the property receiving such sercvice (even if such owner is not the Consumer) fails to sign any annexation petition upon request. The undersigned agrees to notify the City of West Columbia when he/she desires to have this service terminated. Water Customer Service shall be allowed five (5) days after the receipt of such notice to take a final reading of the meter and to discontinue service. Your account responsibility does not end until a final reading of the meter and to discontinue service is requested) The City of West Columbia has the right pursuant to the South Carolina Setoff Debt Col

Property Status (please circle one):		OWN - Please provide a copy of you Disclosure Statement.	RENT - Please provide a copy of your Lease Agreement.
Account Holder Name:	I and		F
	Last		First
Social Security Number or Federal Tax ID:			
Driver's License Number and State:			
Phone:			
Second Phone:			
	I would like E-bills	and email notifications:	YES NO
(Print CLEARLY) Email:			
	I cho	ose paper billing sent to:	The Service Address listed ABOVE. To this Mailing Address:
Mailing Address (if different from service address):			
City/State/Zip:			

Hydrant:

Date

Completed by:

OFFICE USE ONLY:
Account Number:

Residential / Commercial:

Deposit: