

Georgetown County Water and Sewer District  
P.O. Box 2748 Georgetown, SC 29442  
Phone: 843-546-8408/Fax: 843-546-5836

SERVICE APPLICATION

Please submit the completed form to: [customerservice@gcwsd.com](mailto:customerservice@gcwsd.com)

Residential  Commercial  Rent  Own

This application form must be completed and signed only by the person(s) requesting service.

Applicant: (PLEASE PRINT)

Name(s): \_\_\_\_\_ SS#/FED ID: \_\_\_\_\_

\_\_\_\_\_ SS#/FED ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/PO Box

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_  Enroll in Paperless Billing

Service Address: \_\_\_\_\_

Street

City

\_\_\_\_\_ Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Date Service Requested: \_\_\_\_\_ (Monthly billing will begin 15-45 days from this date)

Landlord Information: (IF APPLICABLE)

Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Type of Service: ( ) Water ( ) Sewer ( ) Water & Sewer ( ) Irrigation ( ) Other \_\_\_\_\_

Will there be any irrigation connections? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will your irrigation system have chemical feed capabilities or an enhanced pressure system? Yes \_\_\_\_\_ No \_\_\_\_\_

I would like to opt out of Service Line Protection.

OPTIONAL: FOR STATISTICAL PURPOSES ONLY. RACE, PLEASE CHECK ONE ETHNICITY

White  Black/African American  Asian  Hispanic  Non-Hispanic  Other

I am applying for utility service from GCWSD at the above address. I agree to follow and abide by all rules and District policies for utility service and to pay charges as stated on each monthly bill. By your electronic signature below, you consent to be legally bound by this Agreement's terms and conditions.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

AMEX/Visa/MC/Discover# \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

APPLICATION MUST BE SUBMITTED WITH PAYMENT OF FEES 24 HOURS PRIOR TO REQUESTED SERVICE DATE

FOR OFFICE USE ONLY

Work Order # \_\_\_\_\_

Water Tap \_\_\_\_\_ Backflow Device \_\_\_\_\_ Water Impact \_\_\_\_\_ Sewer Impact \_\_\_\_\_

Sewer Admin \_\_\_\_\_ Deposit \_\_\_\_\_ Svc Charge \_\_\_\_\_ Meter Placement \_\_\_\_\_

Other \_\_\_\_\_ Total Fees \_\_\_\_\_

No. REU's \_\_\_\_\_ SA# \_\_\_\_\_

REC# \_\_\_\_\_ CYC# \_\_\_\_\_ Account Number \_\_\_\_\_

MR \_\_\_\_\_ TURN ON # \_\_\_\_\_ TURN OFF # \_\_\_\_\_