

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

☐ 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

Water Tap _____ Backflow Device _____ Water Impact _____ Sewer Impact _____ Sewer Admin _____
Deposit _____ Svc Charge _____ Meter Placement _____ Other _____
Total Fees _____ Account Number _____ No. REU's _____
SA# _____ REC# _____ CYC# _____ MR _____
TURN ON # _____ TURN OFF # _____