

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

SERVICE APPLICATION

Please submit the completed form to: customerservice@gcwsd.com

- ☐ Residential ☐ Commercial ☐ Rent ☐ Own
☐ I would like to opt out of Service Line Protection.

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

Optional: FOR STATISTICAL PURPOSES ONLY. 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 _____ Account Number _____ No. REU's _____

SA# _____ REC# _____ CYC# _____ MR _____

TURN ON # _____

TURN OFF # _____



Optional Bank Draft Enrollment

Save time, save stamps, and save money by enrolling in automatic bank draft. This service is provided free of charge to our customers. If you are interested in signing up for automatic bank draft, please complete the form below.

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Please submit the completed form to: customerservice@gcwsd.com

Or mail to: P.O. Box 2748, Georgetown, SC 29442

Authorization to Pay Georgetown County Water and Sewer District Water/Sewer Bills

GCWSD Customer Account Number (as it appears on bill): _____

Name (as it appears on bill): _____

Service Address: _____

Street

City

State

Zip Code

Name of Bank: _____

Bank Routing Number: _____

Bank Account Number: _____

Please note that only checking accounts are accepted and a voided check must accompany this form.

I authorize the bank named on this form to pay my monthly water/sewer bill, including other routine charges if applicable, and to deduct each payment from my checking account. I agree that each shall be the same as a check personally signed by me. This authority is to remain in effect until revoked by me in writing. I have the right to stop payment of a charge by timely notification to Georgetown County Water and Sewer District prior to charging my account. I understand, however, that the financial institution and Georgetown County Water and Sewer District each reserve the right to terminate the Automatic Bill Payment Service (or my participation therein). I authorize you to deduct from checking account the amount of my monthly water/sewer bill and to make the deduction payable to Georgetown County Water and Sewer District. I agree to the terms above.

Signature

_____/_____/_____
Date

PLEASE ATTACH A VOIDED CHECK