

COMMISSIONERS

JEFFERY A. FORSLUND
CURTIS R. HELFRICH, PE
ROBERT W. HOOPER, JR.
JAY D. LEIGH
DONALD S. SMITH



GENERAL MANAGER
WILLIAM C. JORDAN

COMPTROLLER
HELENA K. STICKLES, CPA

SPECIAL PROJECTS ADMINISTRATOR
WILLIAM P. JENKINS

OPERATIONS MANAGER
ARTHUR W. MEADE

NEW CUSTOMER ADDRESS TRANSFER

GRINDER PUMP ACCOUNT

NEW CUSTOMER WATER SERVICES \$ 25.00

DESIRED START DATE ____/____/____

NEW CUSTOMER SEWER SERVICES \$ 25.00

ACCT # _____ WORK ORDER # _____

OWNER RENTER CONTRACTOR

FULL NAME _____

IOP SERVICE ADDRESS _____

BILLABLE ADDRESS _____

CONTACTS

PRIMARY PHONE NO. (____) _____ - _____ SECONDARY PHONE NO. (____) _____ - _____

E-MAIL CONTACT(S) _____

BY SIGNING THIS APPLICATION FOR WATER AND/OR SEWER SERVICE, THE APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION OF THE APPLICANT'S UNPAID BILLS. THE ISLE OF PALMS WATER AND SEWER COMMISSION HAS THE RIGHT PURSUANT TO THE SOUTH CAROLINA SETOFF DEBT COLLECTION ACT TO COLLECT ANY SUM DUE AND OWED BY THE APPLICANT THROUGH SETOFF OF THE APPLICANT'S STATE INCOME TAX REFUND. IF ISLE OF PALMS WATER AND SEWER COMMISSION CHOOSES TO PURSUE DEBTS OWED BY THE APPLICANT THROUGH THE SETOFF DEBT COLLECTION ACT, THE APPLICANT AGREES 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 THE ISLE OF PALMS WATER AND SEWER COMMISSION. FURTHERMORE, I AGREE NOT TO ENCROACH UPON THE WATER METER(S) SERVING THIS PROPERTY WITH ANY TYPE OF PLANTINGS, BERMS OR STRUCTURES, NOR WILL I PLACE ANYTHING WITHIN THE RIGHT OF WAYS THAT WOULD IMPEDE MAINTENANCE OR ACCESS TO THE WATER METER(S) OR SERVICE LINE SERVING THEM. IF I FAIL TO COMPLY WITH THE FOREGOING, I WILL BE LIABLE TO THE ISLE OF PALMS WATER AND SEWER FOR ALL DAMAGES AND EXPENSES INCURRED.

FULL NAME _____

SIGNATURE _____ DATE ____/____/____

TO BE COMPLETED BY LANDLORD / RENTAL AGENT

I, _____, ACKNOWLEDGE THAT I AM THE OWNER/RENTAL AGENT FOR THE PROPERTY AT _____ AND THAT _____ IS THE RENTER AT THIS PROPERTY.

SIGNED SIGNATURE _____ DATE ____/____/____

OWNER/ RENTAL AGENT MAILING ADDRESS _____

PRIMARY PHONE NO. (____) _____ - _____ SECONDARY PHONE NO. (____) _____ - _____

PLEASE RETURN THIS FORM WITH PAYMENT

1300 Palm Boulevard • Post Office Box 528 • Isle of Palms, South Carolina 29451
Telephone (843) 886-6148 Fax (843) 886-6894