Dorchester County Water & Sewer Department
235 Deming Way, Summerville, SC 29483
START SERVICE FORM

To apply for water **and/or** sewer service submit:1) this completed form, 2) If renting, copy of page from lease showing landlord info and list of all tenants 3) copy of a US government issued photo ID, to waterandsewer@dorchestercountysc.gov or fax to (843) 832-0347 or (843) 563-0347 **Service cannot be started over the phone**. For questions, contact Customer Service at (843) 832-0075 or (843) 563-0075.

We do not provide water and sewer to all service areas. A large portion of our service area is sewer service only.

Contact our office if you need service area verification.

All Origination Fees are Non-Refundable. Select the fees below that are applicable to your service area.

☐ Residential Sewer Service $25.00   ☐ Commercial Sewer Service $100.00
☐ Residential Water Service $25.00   ☐ Commercial Water Service $100.00
   North Charleston Sewer District Sewer Service $35.00

Total Origination Fee Due:$_____

Cash in Office, Check, Debit or Credit Cards Accepted for Payment.

Note: New Construction Fees will be quoted separately, if applicable.

To pay applicable fees by Mastercard, Visa, or Discover complete the information below. We do not accept American Express. Please note there is a 2.95% convenience fee associated with payments made via debit or credit card.
Cardholder name: _____ Card #: _____
Expiration Date: _____   C V V: _____   Signature: _____

Property Information: **Will this be a Landlord Account:** ☐Yes ☐No

Service Address _____ City: _____

Zip: _____   Subdivision: _____   Irrigation System: ☐Yes ☐No

Date to start service: _____   Date to end service if for temporary service _____
                                                      (Temporary Service and/or If for cleaning purposes, 10 day minimum)

Property Owner Name: _____ Property Owner Phone #: _____
(If different from Billing Name, please provide a copy of lease agreement)

If **transferring** from another address in our service area, date to end service at previous address: _____

Previous Address: _____ City:_____ Zip: _____

Personal Information: Active Military: ☐Yes ☐No

Billing or Business Name: _____Social Security #/ EIN:_____

Contact Name (if different from above): _____ Email: _____

Date of Birth: _____ Daytime Phone: _____ Alternative Phone: _____

Mailing/Billing Address (if different from service address): _____

City: _____   State: _____   Zip: _____

By signing below, I acknowledge that all above information is true and correct. I understand that I can get a copy of the Dorchester County Water and Sewer Ordinance online or via e-mail from the office. I understand that Dorchester County Water and Sewer participates in the SCDOR Set Off Debt Program.

_____   _____
Signature   **Date**