



McCORMICK

COMMISSION OF PUBLIC WORKS

Service Contract

Name: _____ Account #: _____
Address: _____ Phone Number: _____
SS#: _____ Driver's License or ID #: _____
Employer Name: _____ Employer Phone #: _____

Do you have an in-ground Sprinkler System? Yes/No Do you plan to install one? Yes/No

An application Fee of \$20 is non-refundable. Additionally, each customer shall pay a security deposit. This deposit is refundable when you leave the system, after the utility bill is paid in full. You will be billed monthly. Failure to receive your Utility Bill does not Exempt Payment. All Utility Bills are due by the 10th of the month. A 10% Penalty will be charged if not paid by the 10th of the month. Service may be denied or discontinued if it is determined that the applicant or person residing at this service location owes uncollected utility bills. If service is disconnected, a \$50.00 reconnection will be added to the Utility Bill. The total amount due must be paid before service is restored. I further understand that electric problems, water leaks, or damages past the meter are my responsibility. I understand that to avoid additional charges the CPW must have access to the electric and water meters for proper readings. Utility Rates available upon request.

The CPW accepts checks, money orders, cash, and credit or debit cards for Utility Bill Payments. The CPW offers Equal Payments Bank Draft or Actual Amount Bank Draft for Utility Bill Payments. There is a \$35.00 service charge for all returned checks or draft payments. The CPW will not accept checks or draft payments from a customer for a period of one year from the date of the last returned check or draft.

The following information is required by the Federal Government, in order to monitor our compliance with Federal Laws prohibiting discrimination. This information is used only for monitoring and statistical purposes. You are not required to furnish this information, but are encouraged to do so. If you do not furnish race, or sex, under Federal regulations, this company is required to note the information on the basis of visual observation or surname.

"This is an Equal Opportunity Program" ☐ I do not wish to furnish this information.

Ethnicity: Please indicate the number of people living in the household.

Head of Household _____ Male _____ Female

_____ Hispanic or Latino _____ Not Hispanic or Latino

_____ American Indian or Alaska Native

_____ Black/African American _____ White

_____ Native Hawaiian or Other Pacific Islander _____ Other

Gender: _____ Male _____ Female

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By signing this application for **Electric, Water, Sewer and/or Trash Service**, the applicant agrees to pay all of the costs associated with the collection of the applicant's unpaid bills. The McCormick Commission of Public Works has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the McCormick Commission of Public Works 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/or the McCormick Commission of Public Works. If the McCormick Commission of Public Works chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

Applicant Name

Address

Applicant Signature

Date