

**WILLIAMSBURG COUNTY
WATER & SEWER AUTHORITY**

Post Office Box 1124 130 W. Main St. Kingstree, SC 29556
Phone: (843) 355-8997 Fax: (843) 355-1585

WATER TAP
Water Service Request Form

Name:		SSN:	
Service Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Telephone – Day:		Telephone - Evening:	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Structure	Tax Map # (NEW):	
<input type="checkbox"/> Own or <input type="checkbox"/> Renting	(If renting, Landlord’s Name: _____)		
Landlord’s Address:		Telephone:	

Water Tap Fee (3/4)	\$ <u>750.00</u>	Total Due:	\$ <u>800.00</u>
Sewer Tap Fee (Size)	\$ _____	Total Paid:	\$ _____
Connection Fee	\$ <u>50.00</u>		
Deposit (Tenant)	\$ _____		
Other	\$ _____		

Date service is needed: _____

Applicant Signature: _____ **Date:** _____

(Note: By signing this application applicant agrees to abide by all provisions of the Williamsburg County Water & Sewer Ordinance)

This is an equal opportunity program. Discrimination is prohibited by Federal law.

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 ethnicity, race, or sex, under Federal regulations, this Authority is required to note the information on the basis of visual observation or surname.

I do not wish to furnish this information.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Sex: Female Male

Race: American Indian or Alaska Native
 Asian Black/African American
 Native Hawaiian or Other Pacific Islander
 Caucasian