



**Dorchester County Water & Sewer Department**  
**235 Deming Way, Summerville, SC 29483**

**START SERVICE FORM**

For existing water and/or sewer service submit: 1) this completed form, 2) copy of page one of lease if renting and 3) copy of a government issued photo ID, to [waterandsewer@dorchestercountysc.gov](mailto:waterandsewer@dorchestercountysc.gov) or fax to (843) 832-0347 or (843) 563-0347.

For questions or concerns, contact Customer Service at (843) 832-0075 or (843) 563-0075.

To determine the applicable **non-refundable origination fees**, please select the services you are requesting:

- |   |   |
|---|---|
| <input type="checkbox"/> Residential Sewer Service:     \$25.00 | <input type="checkbox"/> Commercial Sewer Service:     \$100.00 |
| <input type="checkbox"/> Residential Water Service:     \$25.00 | <input type="checkbox"/> Commercial Water Service:     \$100.00 |
| <b>Total Residential Services:     \$_____</b>                  | <b>Total Commercial Services:     \$_____</b>                   |

To pay applicable fees by Mastercard, Visa or Discover, complete the information below. Please note there is a \$1.99 card fee associated with payments made via phone or email.

Cardholder name: \_\_\_\_\_ Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ C V V: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**Property Information:**

Service Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_ Irrigation System: Yes No

Date to start service: \_\_\_\_\_ Date to end service (for cleaning purposes if necessary): \_\_\_\_\_  
 (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, State, Zip: \_\_\_\_\_

**Personal Information:**

Billing or Business Name: \_\_\_\_\_

Contact Name (if different from above): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Active Military: Yes No

Social Security # or EIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**For Internal Use Only:**

App # \_\_\_\_\_ CSR: \_\_\_\_\_ Date Received: \_\_\_\_\_ Account # \_\_\_\_\_