



IN TOWN: \$50.00

CITY OF MANNING

OUT OF TOWN: \$70.00 FEE

CONNECT SERVICE REQUEST

COMMERCIAL \_\_\_\_\_  
RESIDENTIAL \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TURN WATER ON (DATE): \_\_\_\_\_ METER#: \_\_\_\_\_

\*\*\* By signing this application for water/sewer/garbage services, the applicant agrees to pay a monthly rate / minimum charge (whether the minimum volume of water is used or not) as may be established by the City of Manning in accordance with its ordinances. The undersigned also agrees to pay all costs of collection of the applicant's unpaid bills. The City of Manning Utility Department 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 City of Manning Utility Department 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 City of Manning Utility Department. If the City of Manning Utility Department 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. **I understand that the water and/or sewer connection fee is non-refundable and non-transferable. I further understand that should I move, I will be responsible for notifying the City of Manning Utility Department promptly. Otherwise, I shall be responsible for further bills at the above address until notification.**

It is understood and agreed that at any future time, should any part of the property described above become contiguous to the city limits of the City of Manning, the owner will cause that property to be annexed. In this event, the City of Manning reserves the right to discontinue service until the above described property is annexed.

\_\_\_\_\_  
Signature Date

\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_ READING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\*\*\*\*\*

AMOUNT PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ CASHIER'S INITIALS: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ DATE POSTED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

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 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: Hispanic or Latino Not Hispanic or Latino Race: American Indian or Alaska Native Asian Black/African American  
Sex: Female Male Native Hawaiian or Other Pacific Islander White



## **INSTRUCTIONS FOR COMPLETING CONNECT SERVICE REQUEST FORM**

**ITEM 1:** PROVIDE THE DATE THIS FORM IS BEING FILLED OUT.

**ITEM 2:** PROVIDE THE PHONE NUMBER AT WHICH YOU CAN BE REACHED. (CELL PHONES AND/OR YOUR BUSINESS NUMBER ARE ACCEPTABLE).

**ITEM 3:** PROVIDE THE NAME(S) AS IT/THEY SHOULD APPEAR ON THE ACCOUNT. NOTE: FOR EACH NAME ON THE ACCOUNT A PICTURE ID AND DOCUMENTATION CONTAINING SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER MUST BE PRESENTED WHEN APPLYING FOR SERVICE.

**ITEM 4:** PROVIDE THE PHYSICAL LOCATION OF THE SERVICE, NOT THE MAILING ADDRESS.

**ITEM 5, 6 & 7:** WILL BE COMPLETED BY UTILITY DEPARTMENT PERSONNEL WHEN DOCUMENTATION IS PROVIDED WITH APPLICATION FORM.

**ITEM 8:** PROVIDE THE ADDRESS WHERE THE BILL SHOULD BE MAILED, IF SAME AS SERVICE ADDRESS ENTER "SAME".

**ITEM 9:** PROVIDE THE DATE YOU DESIRE THE WATER SERVICE TURNED ON.

**ITEM 10:** UTILITY DEPARTMENT PERSONNEL WILL ENTER THE METER NUMBER.

**ITEM 11 & 12:** SIGN AND DATE THIS FORM. IF ACCOUNT WILL BE IN MULTIPLE NAMES ALL APPLICANTS MUST SIGN THIS FORM.

***ALL APPLICANTS ARE REQUESTED TO COMPLETE THE STATISTICAL DATA AT THE BOTTOM OF THE FORM BY CIRCLING THE APPROPRIATE INFORMATION.***

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO:**

**THE CITY OF MANNING  
PO BOX 546  
MANNING, SC 29102**

**NOTICE: IF YOU ARE RENTING THIS LOCATION YOU MUST ALSO HAVE A COMPLETED LANDLORD STATEMENT FOR CONNECTION OF UTILITY SERVICES BEFORE SERVICE WILL BE PROVIDED.**