



Telephone 864 503 • 0822  
FAX 864 503 • 0717

*Metropolitan Sub-District B*  
*Water & Sewer*

7520 JENNINGS STREET  
SPARTANBURG, SOUTH CAROLINA  
29303

## Residential Application

Water Service Cannot Be Connected Without All Of The Below Information.

### You Will Need To

1. Fill Out The Attached Form Completely
2. Provide A Picture ID
3. Present A Copy Of Your Rental/Lease Agreement From Landlord  
Or Proof Of Ownership
4. Pay A \$25.00 Non Refundable Fee

Bring Completed Form And Documentation To The Office Drive Through @ 7520 Jennings St.  
Spartanburg, Sc 29303

Or

Email Above Information To [Cindy@Metrobwater.Com](mailto:Cindy@Metrobwater.Com) And Call 864-503-0822 To Arrange  
Payment.



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# Metropolitan Sub-District B Water & Sewer

7520 JENNINGS STREET  
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29303

## Residential Application for Service

You will need to provide Rental Agreement or Proof of Purchase and a Picture ID

\*Applicant(s) Name \_\_\_\_\_ Spouse \_\_\_\_\_

Service Address \_\_\_\_\_

Bill to Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No: \_\_\_\_\_ Employer \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Drivers License No: \_\_\_\_\_

Rent ( ) Landlords Name If you rent \_\_\_\_\_

Landlords Address \_\_\_\_\_ Landlords Phone \_\_\_\_\_

Own ( ) If new purchase, previous owner name \_\_\_\_\_

Have you had prior service with the District Yes ( ) No ( )

If yes, service address of prior service \_\_\_\_\_

Date requested to start new service \_\_\_\_\_

\*The \$25.00 application fee is charged for new service, or any name change on the account. This applies to roommates or family members who request the service be placed in their name at a later date. A new application fee will not be charged if the service is changed to a spouse that is listed on this original application for service. This applies in the case of divorce/separation or death only.

I certify that the above information is correct, and I agree to pay all charges incurred until such time as I have filled out the District's disconnect form to discontinue service. I also understand that if my service is discontinued for non-payment of a past-due bill, the past due bill, and a \$20.00 non-payment fee must be paid before service can be restored. If it becomes necessary to remove the meter to secure payment for a past due bill, an additional fee of \$25.00 will be assessed to restore service. I further agree to abide by all rules of the District.

I acknowledge, that Metro Water has provided me with a water rate schedule of fees. I have been advised I will receive a monthly bill with the due date being the 10<sup>th</sup> of each month. Should I not receive a bill, I will be responsible to contact the Metro Water Office to verify the bill amount and will not hold Metro Water responsible for bills that I did not receive due to U.S. Postal deliveries.

By signing this application for water service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The District 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 District chooses to pursue debts owed by the applicant through the Setoff 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 Metropolitan Water & Sewer. If the District 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.

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

**BILL STUB MUST ACCOMPANY PAYMENT TO ENSURE PROPER CREDIT**

OFFICE USE: Account No. \_\_\_\_\_ Service Number \_\_\_\_\_