



**CITY OF MYRTLE BEACH  
NEW SERVICE APPLICATION - RESIDENTIAL  
(PLEASE PRINT)**

"I hereby apply to the City of Myrtle Beach for water and/or sewer service in accordance with all ordinances, regulations and rate schedules now or hereafter in effect. I agree to be individually liable for all charges accruing for this service without notice or demand, and I hereby grant to the City a lien upon my property at the address below for delinquent charges collectible in the same manner as property taxes. I hereby waive any claim against the City arising out of interruption of service for any reason, with or without notice."

\_\_\_\_\_  
(SIGNATURE) (DATE) (DATE SERVICE IS TO BEGIN)

Service Address \_\_\_\_\_ Unit # \_\_\_\_\_  
Lot # \_\_\_\_\_

Name \_\_\_\_\_  
(First) (MI) (Last)

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security# \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Employer:**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

**(If Renting): Management Co/Landlord**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If you are buying your property:**  
Name of Former Owner \_\_\_\_\_  
Date of Closing \_\_\_\_\_  
Name of Attorney/Closing company \_\_\_\_\_

**(CALL FOR DEPOSIT AMOUNT) 843-918-1212 OR 1-800-617-7758 /Applications should be faxed back to us at 843-918-1210 or mailed to City of Myrtle Beach / Utility Billing Department / P O Box 2468 / Myrtle Beach, SC 29578 DEPOSIT MUST BE PAID BEFORE SERVICE CAN BE STARTED VISA / MASTER CARD accepted, or check made payable to CITY OF MYRTLE BEACH**