NORTH CHARLESTON SEWER DISTRICT
7225 STALL ROAD / P.O. BOX 63009 NORTH CHARLESTON, SC 29419
Telephone (843) 764-3072
Fax (843) 764-2651

NEW CUSTOMER INFORMATION FORM

CUSTOMER NAME: _____

MAIL ADDRESS: _____

_____

SERVICE ADDRESS: _____

(Check or Circle One) ☐ **Sole Proprietorship** ☐ **Partnership** ☐ **Corporation**

REQUIRED INFO: **SSN or FEIN** _____

PHONE NUMBER _(_____)_____
(where you can be reached during the day)

OCCUPY DATE: _____

SIGNATURE OF RESPONSIBLE PERSON: _____

PRINT NAME: _____

(ACCOUNTING USE ONLY)

1. Sewer Flatrate _____
2.
3. Sewer Charges _____
   A. Water Rate (Meter Information Required)_____
   B. Sewer Rate (Meter Information Required) _____

4. Nightsoil / Scavenger Waste (vehicle & credit forms required) _____

5. Surcharges _____

6. Pretreatment (permit chg / mthly chg) _____
   A. New Permit Charges $125.00
   B. Renewal Charge $ 25.00
   C. Recurring Charge $ _____ (based on daily flow)

6. Connection Permit $ _____
   Origin Fee $ _____
7. Other Charges _____

Please return all information to the attention of "Accounting Department"