

# BROAD CREEK PUBLIC SERVICE DISTRICT

Post Office Box 5878  
Hilton Head Island, SC 29938  
(843) 785-7582

## APPLICATION FOR WATER AND SEWER SERVICE (RENTAL ACCOUNT)

As Renter, I hereby make application for water and sewer service to the property listed below. I agree to comply with the following rules and regulations and make payments in accordance with this Agreement:

1. Any damages to the District's sewer system, water system or water meter caused by the Applicant or a third party under Applicant's authority will be repaired by the District at Applicant's expense.
2. Persons using the water and sewer services of the Broad Creek Public Service District shall be charged the applicable fees and charges for connection and usage of water and sewer services.
3. All charges, when billed, shall be considered due upon receipt, and shall constitute a lien upon the property served until paid in full.
4. The due date for all bills is no later than fifteen (15) days from the billing date.
5. An account is delinquent if not paid within thirty (30) days of the billing date.
6. All delinquent accounts will be charged a late fee of one and one-half (1½%) percent per month on any amounts due together with a penalty of ten (10%) percent plus costs and attorneys' fees.
7. Failure to pay off a delinquent account in full upon notice will result in service being disconnected.
8. If at any time service is disconnected, a One Hundred and Fifty Dollar (\$150.00) reconnect fee, and all past due amounts must be paid before service will be restored. An additional deposit may be required prior to service being restored.

BY LAW DELINQUENT ACCOUNTS CONSTITUTE A LIEN UPON THE PROPERTY SERVICED. BROAD CREEK PUBLIC SERVICE DISTRICT HAS THE RIGHT TO FORECLOSE ON PROPERTY SERVED FOR FAILURE TO PAY OFF DELINQUENT ACCOUNTS IN FULL.

PAYMENT IS PERSONALLY GUARANTEED BY THE SIGNERS. WITH THIS SIGNATURE, I/WE PERSONALLY GUARANTEE TO FULFILL THE TERMS OF THIS CONTRACT AND COVENANT TO BE PERSONALLY RESPONSIBLE FOR THE TIMELY PAYMENT OF THE AGREED AMOUNTS AND ALL ASSOCIATED COSTS.

I/We \_\_\_\_\_ (Name) on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, do hereby acknowledge that I have read and understand this Application and agree to the terms contained herein. This Application constitutes a contract between the Applicant and the District. Failure to comply with any of these rules and regulations may result in termination of service to Applicant.

PROPERTY SERVICED: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE EFFECTIVE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
NAME OF LANDLORD/OWNER OF PROPERTY SERVICED

# BROAD CREEK PUBLIC SERVICE DISTRICT

Post Office Box 5878  
Hilton Head Island, SC 29938  
(843) 785-7582

## RENTAL DEPOSIT AGREEMENT

I \_\_\_\_\_ (Name) on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_, do hereby provide the sum of One Hundred Dollars (\$100.00) to the Broad Creek Public Service District ("District") as a Security Deposit to be held by the District and intended to guarantee payment of bills for service on Account Number: \_\_\_\_\_, billing address for this account is listed herein as follows:

BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

I agree to accept applicable charges for connection and use of water and sewer service provided by the District, and that all such amounts are due upon receipt of bills and that in addition, such amounts constitute a lien upon the property serviced until paid in full. The property serviced and subject to lien (if different than the billing address above) is listed herein as follows:

SERVICE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

I understand that if at any time service is disconnected, a \$150.00 reconnect fee must be paid and additional deposit may be required prior to service being restored.

Upon close or transfer of this account, District must be **notified in writing**, a request for return of deposit must be accompanied by Applicant's name and mailing address. If there is no balance due upon receipt of this notification the District will return the deposit by mail.

\_\_\_\_\_  
GUARANTOR/APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARANTOR/APPLICANT

\_\_\_\_\_  
DATE

To charge \$100.00 for the Security Deposit to your credit card, please fill in the information below.

\_\_\_\_\_  
Name exactly as it appears on the credit card

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Billing Address of credit card