

APPLICATION FOR SERVICE

Application Date.		F		er:		
Applicant's Name:						
Service Address:						
Street			City State		Zip Code	
Social Security No.	Driver's Licens	e No. State	Exp	. Date	— Dat	e of Birth
Mailing Address:(If different from above)	Str	eet	C	ity	State	Zip Code
(ii different from above)		art Date:	C	щу	State	Zip Code
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Revised: July 1, 2023

INSTRUCTIONS FOR COMPLETING APPLICANT FOR SERVICE FORM

Application

Provide the date this form is being filled out.

Date:

Telephone Provide the phone number at which you can be reached (cell phone and/or your business number are

Number:

acceptable).

Applicant's Name:

Provide the name(s) as it/they should appear on the account. Note: for each name on the account, a picture ID and social security card or for commercial accounts, a federal ID number on company letterhead must be

presented when applying for service.

Service Address: Provide the physical location of the service, not the mailing address.

No., Driver's Lic. No., State, Exp. Date & Date of

Social Security Will be completed by utility department personnel when documentation is provided with application form.

Birth:

Mailing

Provide the address where the bill should be mailed, if different from the service address.

Address:

Service Start

Provide the date you desire the utility service turned on.

Date:

Sign and Date: Sign and date this form. If account will be in multiple names all applicants must sign application form.

All applicants are requested to complete the statistical data at the bottom of the form by checking the appropriate information.

- The form must be filled out in its entirety.
- The original form and documentation should be presented at:

Town of Santee
Water/Wastewater Department
194 Municipal Way
PO Box 1220
Santee, SC 29142

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.

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