



# APPLICATION FOR SERVICE

Application Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street City State Zip Code

Social Security No. Driver's License No. State Exp. Date Date of Birth

Mailing Address: \_\_\_\_\_  
(If different from above) Street City State Zip Code

Service Start Date: \_\_\_\_\_

\*\*\* By signing this application for water/wastewater services, the applicant agrees to pay a monthly rate / minimum charge (whether the minimum volume of water is used or not) as may be established by the Town of Santee in accordance with its ordinances. The undersigned also agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Santee 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 Town of Santee chooses to pursue debts owed by the applicant through the Setoff Debt 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 the Town of Santee. If the Town of Santee 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. **I understand that the water and/or wastewater set-up fee is non-refundable and non-transferable. I further understand that should I move, I will be responsible for notifying the Town of Santee promptly. Otherwise, I shall be responsible for further bills at the above address until notification.**

It is understood and agreed that at any future time, should any part of the property described above become contiguous to the city limits of the Town of Santee, the owner will cause that property to be annexed. In this event, the Town of Santee reserves the right to discontinue service until the above described property is annexed.

Signature

Date

The following information is required by the Federal Government in order to monitor our compliance with Federal Laws prohibiting discrimination. This information is used only for monitoring and statistical purposes. You are not required to furnish this information, but are encouraged to do so. If you do not furnish ethnicity, race, or sex, under Federal regulations, this company is required to note the information on the basis of visual observation or surname. "This is an Equal Opportunity Program"

I do not wish to furnish this information.

Sex:  Male  Female Ethnicity:  Hispanic or  Latino  Not Hispanic or Latino

Race:  American Indian/Alaskan  Native Asian/ Pacific Islander  Black/Non-Hispanic  White Non-Hispanic

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Account No.: \_\_\_\_\_ Route/Sequence: \_\_\_\_\_ Meter No.: \_\_\_\_\_

Reading: \_\_\_\_\_ Service:  Water Only  Water & WW Status:  Rent  Own  
 Residential  Commercial  Other

New Account Fee: \_\_\_\_\_ WA Deposit: \_\_\_\_\_ WW Deposit: \_\_\_\_\_ WA Imp. Fee: \_\_\_\_\_ WW Imp. Fee: \_\_\_\_\_

WA Tap Fee: \_\_\_\_\_ WW Tap Fee: \_\_\_\_\_ Total Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING APPLICANT FOR SERVICE FORM

- Application Date:** Provide the date this form is being filled out.
- Telephone Number:** Provide the phone number at which you can be reached (cell phone and/or your business number are 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.

**Social Security No., Driver's Lic. No., State, Exp. Date & Date of Birth:** Will be completed by utility department personnel when documentation is provided with application form.

**Mailing Address:** Provide the address where the bill should be mailed, if different from the service address.

**Service Start Date:** Provide the date you desire the utility service turned on.

**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.**