



South Carolina Water Utilities

REQUEST FOR WATER AND/OR WASTEWATER SERVICES

Original Service Date of Application: _____ Requested Service Date: _____

Full Name of Applicant #1: _____
First Middle Last

Full Name of Applicant #2: _____
First Middle Last

Account Number: _____

Service Address: _____

Mailing Address, If Different from Service Address: _____

Telephone: _____ E-Mail: _____

Emergency Contact: _____
Name Phone Number

Service Rate (Circle One): 1 Residential #2 Commercial #3 Hotel #4 Irrigation #7 Fire Line

Service Type: Water _____ Wastewater _____ Meter Size: _____

Tap-In Receipt: _____

Check #	Amount	Maker	Received By
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Application is hereby made to South Carolina Water Utilities, Inc. for the above installation to supply service at the property location as given above.

It is understood and agreed that service shall be supplied and used only in accordance with the Rules, Regulations and Rates of the Company on file at the Company's office located on Sora Rail Road, Kiawah Island, SC, and with the South Carolina Public Service Commission, and any modifications, alterations, or amendments thereof, which may hereafter become effective.

It is understood and agreed that failure of the Applicant to give five (5) days advance written notice to have service discontinued will make the Application liable for all charges against these premises until five days after the Company has knowledge that the Applicant has vacated the premises or otherwise has discontinued service.

Signature by Applicant #1: _____ Date: _____