

**APPLICATION FOR RICHLAND COUNTY UTILITY SERVICE:**

I. Customer's Name (print): \_\_\_\_\_

II.  Property Owner       Tenant (must provide a copy of the lease showing the Tenant and Landlord's names)

III. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Employer Identification No. (EIN) \_\_\_\_\_

IV. Primary Telephone No. \_\_\_\_\_ Secondary Telephone No. \_\_\_\_\_

V. Type of Service Requested:       Water (*requires execution of Water Users Agreement*)  
  
 Sanitary Sewer Service (*requires execution of Sanitary Sewer Service Agreement and Sanitary Sewer Service Easement, if applicable*)

VI.  New Service (*must provide a copy of property plat*)       Transfer of Service (*from previous customer to new customer*)

VII. Address of property where service is desired:  
  
Property Owner Name \_\_\_\_\_ Richland County TMS No. \_\_\_\_\_  
  
Street \_\_\_\_\_ Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

VIII. Type of Facility: \_\_\_\_\_  
*(Example: Single Family Residence, Office Building, etc.)*

New Construction       Remodeling       Existing Structure       Other

IX. Billing Address (*if different from the property address*):  
  
Street \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

X. Current Water Supply:  Public       Private       Well

XI. I hereby request to have the above specified utility service (section IV) provided by Richland County to the above-described address (section VI.) and agree to abide by all requirements and conditions of Richland County and SCDHEC. I agree to the admission of properly authorized personnel at all reasonable hours for the purpose of inspection or other duties deemed appropriate by Richland County. The Property owner agrees to release and hold harmless Richland County and its agents, officers and employees from and against any action for loss, personal injury and/or property damage sustained by reason of the exercise of the services expressed or implied within this agreement. I agree and understand that Richland County 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. If Richland County 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. Late fees are assessed at 10% of the total bill. You may not receive a final bill before disconnection.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Civil Rights and Equal Opportunity (Federal Government Monitoring)**

The following information is being requested for Federal Government monitoring and reporting 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 the Federal regulations, Richland County may be required to note the information on the basis of visual observation and surname if you have made this application in person. Richland County may not discriminate on the basis of the information you supplied or whether you choose to furnish it. The Information that you supply will not be used to determine utilities service.

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to provide this information

**Race:** Check one or more

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Other \_\_\_\_\_
- I do not wish to provide this information

**Gender:**

- Female
- Male
- I do not wish to provide this information

**FOR INTERNAL USE ONLY**

RCU use only:

- I. Type of property:  Residential       Commercial       Industrial
- II. Type of sanitary sewer service:  STEP       LETTS       Gravity       Grinder
- III. Total design flow \_\_\_\_\_ (gpd)      No. of taps \_\_\_\_\_      Tap fee \$ \_\_\_\_\_
- IV. SCDHEC Permit No. \_\_\_\_\_ RCU Permit No. \_\_\_\_\_
- V. Subdivision \_\_\_\_\_
- VI. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- VII.  New Customer       Current Customer (Update Account)       Transfer Account
- VIII. Effective Date \_\_\_\_\_
- IX. Water Meter Serial # \_\_\_\_\_ Account # \_\_\_\_\_
- X. Richland County Utilities Representative (sign and date) \_\_\_\_\_

**Finance Department use only (initial and date):**

New account set up \_\_\_\_\_ SSN entered \_\_\_\_\_ Text entered \_\_\_\_\_  
Scanned \_\_\_\_\_