APPLICATION FOR RICHLAND COUNTY UTILITY SERVICE

APPLICANT NAME(S):_____

SERVICE ADDRESS: _____**CITY**: _____**ZIP CODE**: _____

TMS# _____ **SUBDIVISION** _____

BILLING ADDRESS (if different from service address): _____

CITY: _____**STATE**: _____**ZIP CODE**: _____

APPLICANT SS # (required) _____-____-_____**CO-APPLICANT SS #** _____-____-_____**EIN**_____

APPLICANT TELEPHONE # _____**CO-APPLICANT TELEPHONE #**_____

APPLICANT EMAIL_____ **CO-APPLICANT EMAIL**_____

WOULD YOU LIKE TO RECEIVE E-STATEMENTS? Yes

OWNER: Yes **CLOSING DATE**_____ **TENANT**: Yes **LEASE BEGAN**_____

IF OWNER, PROOF OF OWNERSHIP IS REQUIRED. IF TENANT, COPY OF LEASE IS REQUIRED.

IF TENANT, OWNERS NAME: _____ **PHONE NUMBER**: _____

ADDRESS: _____**CITY:** _____**STATE:** _____ **ZIP:** _____

PROPERTY MANAGER: _____**PHONE NUMBER**: _____

ADDRESS: _____**CITY:** _____**STATE:** _____ **ZIP** _____

TYPE OF SERVICE REQUESTED _____ **WATER** (requires execution of Water Users Agreement)

____**SANITARY SEWER SERVICE** (requires execution of Sanitary Sewer Service Agreement & Sanitary Service Easement, if applicable)

____**NEW SERVICE** (must provide copy of property plat) _____**TRANSFER OF SERVICE** (from previous customer)

TYPE OF FACILITY (single family home, office building, etc.) _____

____**NEW CONSTRUCTION-EXPECTED COMPLETION DATE**_____

_____**REMODEL** _____**EXISTING STRUCTURE**

CURRENT WATER SUPPLY: _____**PUBLIC** _____**PRIVATE** _____**WELL**

I hereby request to have the above specified utility service provided by Richland County to the above described address and agree to abide by all requirements and conditions of Richland County and SCDES. I hereby authorize Richland County engineering inspectors to access my property during reasonable hours to inspect the line, tank, valve, cleanout, and connection to the main. The Customer 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 related to the provision and/or inspection of services applied for and provided as stated herein. I understand Richland County has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the Customer through offset of the Customer's state income tax refund. If Richland County chooses to pursue debts owed by the Customer through the Setoff Debt Collection Act, the Customer 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 Richland County. If Richland County chooses to pursue debts in a manner other than setoff, the Customer agrees to pay the costs and fees associated with the selected manner as well.

APPLICANT SIGNATURE_____ **DATE** _____

CO-APPLICANT 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:

a. Type of property: ☐ Residential ☐ Commercial ☐ Industrial

b. Type of sanitary sewer service: ☐ STEP ☐ LETTS ☐ Gravity ☐ Grinder

c. Total design flow_____(gpd) No. of taps_____ Tap fee $ _____

d. SCDHEC Permit No._____RCU Permit No. _____

e. Subdivision _____

f. Comments: _____

_____

_____

g. ☐ New Customer ☐ Current Customer (Update Account) ☐ Transfer Account

h. Effective Date _____

i. Water Meter Serial #_____ Account # _____

j. Richland County Utilities Representative (sign and date) _____

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

New account set up_____SSN entered_____ Text entered_____

Scanned _____