



Application for Richland County Utility Service

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)

Applicant Information

Name: _____

Service Address: _____

Billing Address: _____
(If different)

Primary Phone number: _____

Secondary Phone number: _____

Email: _____

Social Security number: _____ - _____ - _____ or
(Required)

Employee Id number: _____

Owner:

Tenant:

Closing/Lease Effect Date: _____

If tenant, owners name: _____

Phone number: _____

Address: _____

Street name City Zip Code

Property Manager: _____

Phone number: _____

Address: _____

Street name City Zip Code

Co-Applicant Information

Name: _____

Service Address: _____

Billing Address: _____
(If different)

Primary Phone number: _____

Secondary Phone number: _____

Email: _____

Social Security number: _____ - _____ - _____ or
(Required)

Employee Id number: _____

Type of Facility: _____
(single family home, office building, etc)

- ☐ **NEW CONSTRUCTION**
- ☐ **REMODEL**

EXPECTED COMPLETION DATE:

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 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 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 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 Customer through offset of the Customer's state income tax. 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.

CUSTOMER SIGNATURE _____ **DATE** _____

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CUSTOMER SIGNATURE _____ **DATE** _____

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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 _____