



**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 OR NO

**OWNER:** YES or NO **CLOSING DATE** \_\_\_\_\_ **TENANT:** YES or NO **DATE 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 \_\_\_\_\_