

CUSTOMER CARE DIVISIONP.O. BOX 147, COLUMBIA, S.C. 29217 PHONE: (803) 545-3300 | FAX:(803) 733-8219

APPLICATION FOR WATER SERVICE CONTRACT

☐ I have an existing accour	nt (complete section I	&III) 🔲I DO NO	Γ have an existing	account (complete	section II&III)
Section I					
Current Service Address:					
Disconnect Current Service on (date)					
New Service Address:	a				
		SC			
Effective date of new service:	City	State Zi	Code Plus 4		
Section II New Service Address:					
		SC		_	
	City	State Zip	Code Plus 4	_	
rules, regulations and ordinance notice to interrupt water service damages resulting there from; the City engineer or without an in-ser It is understood and agreed that City of Columbia, the owner will duntil the above described propert	for maintenance, repairs at the undersigned will no vice meter. at any future time should cause that property to be	or extensions without ot receive water from a d any part of the proper	any liability to the ur ny part of the City wa ty described above t	ndersigned or owner of ater system without a va	such premises for lid permit from the ne city limits of the
The undersigned agrees to notify allowed five (5) days after the re- does not end until a final readin same day service is requested	ceipt of such notice to ta g of the meter is obtained	ke a final reading of the	meter and to discor	ntinue service. Your acc	ount responsibility
The City of Columbia has the righthrough offset of the applicants of Setoff Debt Collection Act, the appartment of Revenue.	state income tax refund.	If the City of Columbia	chooses to pursue	debts owed by the app	olicant through the
Section III	A city representa	ntive must speak w	ith the applicant	to complete a requ	est for service
Name:					
Last Name or Business	s Name		Fir	st Name	Middle Name
Mailing Address: (if different from New Service Address)					
City		State	Zip Code		
Telephone Number:			Emai Addr		
Last Five of SSN:		Federa	I I.D. #(business)		
Applicant Signature: A \$30.00 NEW ACCOUNT FEE	AND \$15.00 SERVICE	CHARGE WILL APP	LY TO ALL NEW O	Date:	CE REQUEST
For Office Use Only					
Customer Service Represen	tative Name			Date	
Customer Number		Premise			