



ABBEVILLE PUBLIC UTILITIES
Telephone 864-366-5058 Fax 864-366-8052

APPLICATION & AGREEMENT FOR RESIDENTIAL UTILITY SERVICE

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ OTHER CONTACT # \_\_\_\_\_

Date service required \_\_\_\_\_ Do you own or rent this residence? \_\_\_\_\_

Have you or your spouse had service with us before? \_\_\_\_\_

If yes, under what name? \_\_\_\_\_ what address? \_\_\_\_\_

Any and all services provided shall be subject to the regulations, policies, rates, and charges of the City of Abbeville. The customer hereby gives the City the right-of-way necessary and agrees to maintain continuous and secure access for the installation and maintenance of poles, wires, meters, pipes, and other appurtenances necessary for furnishing the services requested.

The initial deposit (if any) paid prior to providing service is considered minimum for a service deposit. Should it be determined that a larger deposit is required, the applicant must pay the additional amount within five (5) days of mailing the notification.

The applicant and all adults 18 years old or older residing at this service address shall be responsible for all proper utility charges for the service provided to the location until written notification is received from the applicant or his proper authorized representative to discontinue service.

Service may be denied or discontinued if it is determined that the applicant or any person residing at this service location owes uncollected utility bills or has other indebtedness to the City of Abbeville.

By signing this application for utility service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The City of Abbeville 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 refund.

THIS IS A CONTRACTUAL AGREEMENT: The above information is complete and correct to the best of my knowledge. I hereby authorize the City of Abbeville, or its agent, to conduct an investigation concerning information relating to utility service.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

FOR OFFICE USE:

Account # \_\_\_\_\_

Clerk's Initials \_\_\_\_\_