

ACCOUNT # \_\_\_\_\_

ROUTE # \_\_\_\_\_

ROUTE SEQ # \_\_\_\_\_  
*For Office Use Only*

# APPLICATION AND AGREEMENT

## FOR RESIDENTIAL UTILITY SERVICE

### CITY OF ABBEVILLE PUBLIC UTILITIES

ELEC. METER # \_\_\_\_\_

WATER METER # \_\_\_\_\_

NO. OF UNITS \_\_\_\_\_  
*For Office Use only*

### To Be Completed By Applicant

NAME \_\_\_\_\_  
NAME BY WHICH ACCOUNT IS TO BE BILLED

SOCIAL SECURITY # \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_  
STREET & HOUSE NO, APARTMENT COMPLEX & APT NO (IF RURAL AREA, SPECIFIC DIRECTIONS TO HOUSE)

BILLING ADDRESS \_\_\_\_\_  
PO BOX OR STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

Have you or your spouse ever had service from Abbeville Public Utilities before? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, under what name? \_\_\_\_\_

At what address? \_\_\_\_\_ When was service terminated? \_\_\_\_\_

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

PROPERTY OWNERS NAME AND ADDRESS (IF RENTED) \_\_\_\_\_

NEAREST RELATIVE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_

Any and all service provided shall be subject to the regulations, policies, rates, and charges of the Abbeville Public Utilities System. Applicants NOT providing the information requested here or giving the authorization requested, may be denied service or charged a service deposit sufficient to pay the total of any two months utility charge, and all payments must be made with cash (no checks will be accepted).

The initial deposit (if any) paid prior to providing service is to be considered minimum for a service deposit. Should it be determined that a larger deposit is required, the applicant must pay the additional deposit within five (5) days of mailing of notification. Failure to make said additional deposit as required will result in the service being disconnected until payment is received.

The applicant shall be responsible for all proper utility charges for service provided to this location until 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 owes previously uncollected utility bills or has other indebtedness due 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. If the City of Abbeville chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant 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 the City of Abbeville. If the City of Abbeville chooses to pursue debts in a manner other than the setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

**THIS IS A CONTRACTUAL AGREEMENT: The above information is complete and correct to the best of my knowledge. I hereby authorize the Abbeville Public Utilities System, or its agent, to conduct an investigation concerning information relating to utility service. I also authorize the Abbeville Public Utilities System to provide information to my prior and future utility suppliers as may be requested by them. I hereby acknowledge and agree to the conditions of service indicated.**

DATE

SIGNATURE OF APPLICANT