



Town of Clover

Application for Residential Utility Service

116 Bethel Street · P.O. Box 1060 · Clover · SC · 29710
 P: (803)222-9495 · F: (803)222-6955 · www.cloversc.org

Office Use Only:
Deposit: _____
Date: _____
Collected by: _____

Utility Fees Required

Service Connection Fee: \$75 (Non-Refundable) plus **Security Deposit:** \$75 (Refundable)
 (\$30 refundable deposit with Letter of Credit from another Utility Co with 12 month good history.)

Address to be connected: _____

Customer Name: (Please Print) _____

Date to be connected: _____ Other adults living at this address: _____

Contact Phone No: _____ Cell Home Work

Billing Address, if different: _____

Emergency Contact: _____ Phone Number: _____

Social Security No: _____ Drivers License/ID: _____
 (must be provided) (must be provided) (state)

Email: _____

Are you interested in electronic billing once it becomes available: YES NO

Homeowner: YES NO (If not, must provide lease agreement.)

If applicable, Landlord name & phone number: _____

I would like to sign up for Automatic Draft (Accounts drafted on the 3rd of each month)

Bank Name: _____

Bank Account No: _____ Bank Routing No: _____

Auto Draft Start Date: _____

(Attach VOIDED check for bank information)

By signing this Application for Utility Service, the applicant agrees to pay all costs of collection of applicant's unpaid bills. Applicant is responsible for ALL charges incurred.

The Town of Clover 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 Town of Clover 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 Dept of Revenue, the Municipal Association of SC and/or the Town of Clover. If the Town of Clover chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well. Town policy is that debts over 90 days past due may be turned over for collection.

PLEASE NOTE: Applicant will receive a final bill the consecutive month following a disconnection request. Applicant agrees to be responsible for ALL usage and fees through the disconnection date requested. A copy of this form will be provided to you upon request.

Customer Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date Posted: _____ Account No: _____ Initials: _____