



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) & Security Deposit: \$75 (Refundable)

(\$30 refundable deposit with Letter of Credit from another Utility Co with 12 month good history)

Address to be connected: _____ **Date to be connected:** _____

Customer Name: (Please Print) _____

Other adults living at this address: _____

Contact Phone No: _____ Cell Home Work

Billing Address, if different: _____

Social Security No: _____ **Driver's License/ID:** _____
 (must be provided) (must be provided) (state)

Date of Birth: _____ **Email:** _____
 (must be provided)

Emergency Contact: _____ Phone Number: _____

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.

Customer Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date Posted: _____ Account No: _____ Initials: _____



Town of Clover

Application for Name Change or Transfer Utility Service

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Today's date: _____

Account No: _____

Current Information:

Customer Name: (Please Print) _____

Current Service Address: _____

Date to be disconnected: _____

New Information:

Customer Name: (Please Print) _____

New Service Address: _____

Date to be connected: _____

****Please update your phone number, driver's license, emergency contact and landlord information, if applicable, on front page. ****

Customer Signature

Date

Name Change:

- **Marriage ONLY:** Complete application. Updated driver's license or ID with correct name required. —No Charge.
- **Death of Customer/Account Holder:**
 - Spouse—No Charge, complete application.
 - Live in family member/caregiver—\$25 transfer fee. Deposit depending on account history.
 - Heir— With active account—\$25 transfer fee. Deposit depending on account history.
 - Without active account—\$75 Service Connection Fee plus deposit (\$75 or \$30 with letter of credit).
- **Divorce:**
 - \$25 transfer fee plus appropriate deposit. Complete application. Landlord verification, if leasing.

Transfers: Landlord verification, if leasing, AND:

1. If customer is moving from one location to another immediately. Complete application, \$25 transfer fee.
2. If customer has an existing account and wants to open another account at a different location. Complete application, \$25 transfer fee plus deposit depending on current account history.

For Office Use Only:

Date: _____ Initials: _____ Transfer fee: _____ Deposit: _____