



# 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

<b>Office Use Only:</b>
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.)

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

If applicable, Landlord name & phone number: \_\_\_\_\_

Address to be connected: \_\_\_\_\_

Date to be connected: \_\_\_\_\_

Customer Name: (Please Print) \_\_\_\_\_

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)

Email: \_\_\_\_\_

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

<input type="checkbox"/> <b>I would like to sign up for Automatic Draft</b> (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: \_\_\_\_\_