



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

For Office Use Only:

Deposit: _____

Date: _____

Collected by: _____

Connect WO#: _____

RO/RB WO#: _____

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): _____

Social Security #: _____ (MUST BE PROVIDED) Driver's License/ID #: _____ (MUST BE PROVIDED)

Date of Birth: _____ (MUST BE PROVIDED) Email: _____

Contact Phone #: _____ Cell Home Work

Billing Address (if different): _____

Other adults living at this address: _____

Emergency Contact: _____ Phone #: _____

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

If applicable, Landlord name & phone number: _____

I would like to sign up for **AUTOMATIC DRAFT (ATTACH VOIDED CHECK)**. Accounts are drafted on the 3rd of each month. *

I would like to enroll in the **LOVE YOUR NEIGHBOR WATER ASSISTANCE PROGRAM** and agree to add a fixed donation in the amount of: \$_____ (whole dollars only) to my monthly water bill. I understand that this is a voluntary donation and that I may opt-out at any time. **

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.

***Automatic Draft:** This is my authorization to the Town of Clover to automatically debit my bank account for the payment of my bill (includes water, sewer, and sanitation charges, if applicable). I understand that the Town may impose a Return Draft Fee in the event the debit entry is not paid by my financial institution for a valid reason.

****Love Your Neighbor Water Assistance Program:** The Town will not reimburse me for any donation that has already been received. If the donation amount is paid by credit card, transaction fees will apply. Failure to pay the donation amount will not constitute a delinquency for the purposes of determining water cut-off for non-payment.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Date Posted: _____ Account #: _____ Initials: _____



Town of Clover

Application to Transfer Utility Service

116 Bethel Street · P.O. Box 1060 · Clover · SC · 29710

P: (803) 222-9495 · F: (803) 222-6955 · www.cloversc.org

For Office Use Only:

Transfer Fee: _____

Date: _____

Collected by: _____

Connect WO#: _____

RO/RB WO#: _____

****Please update your Social Security Number, Driver's License Number, and all other pertinent information on the front page if the name is changing on the account. ****

ACCOUNT #: _____

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: _____

I would like to sign up for **AUTOMATIC DRAFT (ATTACH VOIDED CHECK)**. Accounts are drafted on the 3rd of each month. *

I would like to enroll in the **LOVE YOUR NEIGHBOR WATER ASSISTANCE PROGRAM** and agree to add a fixed donation in the amount of: \$_____ (whole dollars only) to my monthly water bill. I understand that this is a voluntary donation and that I may opt-out at any time. **

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Name Change:

- **Marriage ONLY:** Complete application and updated Driver's License/ID with correct name required – No charge.
- **Death of Customer/Account Holder:**
 - Spouse: Complete application – No charge.
 - Live in family member/caregiver: Complete application - \$25 Transfer Fee & Appropriate Deposit*.
 - Heir:
 - With Active Account: Complete application - \$25 Transfer Fee & Appropriate Deposit*.
 - Without Active Account: Complete application - \$75 Service Connection Fee & Appropriate Deposit*.
- **Divorce:** Complete application - \$25 Transfer Fee & Appropriate Deposit*.

Transfers: If renting, lease agreement required, AND:

1. If customer is moving from one location to another - \$25 Transfer Fee
2. If customer has an existing account and wants to open another account at a different location with no plan to disconnect existing account - \$25 Transfer Fee & Appropriate Deposit*

*Appropriate Deposit with late fees in last 12 months is \$75 and \$30 for those with no late fees.

FOR OFFICE USE ONLY:

Date Posted: _____ Account #: _____ Initials: _____