

TOWN OF CHAPIN
157 NW COLUMBIA AVENUE, PO BOX 418, CHAPIN, SOUTH CAROLINA 29036

APPLICATION FOR UTILITY SERVICE

By signing this application for utility service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Chapin has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through setoff of the applicant's state income tax refund. If the Town of Chapin 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 and/or the Town of Chapin. If the Town of Chapin 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. If service has been previously terminated, all payments must be made by cash, certified check or money order.

Please print

Account Name _____ E-Mail _____

Type of Service: _____ Residential: _____ Commercial: _____ Building Lot _____

SS# _____ Federal ID _____ Driver's License # _____

Service Address _____

Mailing Address _____

Telephone Number (H) _____ (C) _____ (Spouse Name) _____ (C) _____

Will you be residing at this address? Yes _____ No _____

Have you previously had utility service with us? Yes _____ No _____

If yes when & where? _____

Own _____ Rent _____ If rent, from whom? _____

Proof of ownership: _____ Deed _____ Closing statement _____

Applicant's Place of Employment: _____

Business Address _____

Business Telephone _____

Please provide us with the name of an alternate contact person not residing in house:

Name _____

Address _____

Telephone Number _____

Date: _____ Applicant's Signature: _____

FOR OFFICE USE ONLY:

Date received: _____ Route: _____ Folio: _____ POOL _____ SPRINKLERS _____ BACKFLOW DEVICE _____

Amount paid: _____ Cash/Credit Card/Check# _____

Copy of Security card and & driver's License received: Yes/No

Customer Type _____ Sewer _____ Sewer Availability _____ ACCT# _____

_____ Water _____ Water/Sewer _____ LOC # _____

STATE OF SOUTH CAROLINA)

COUNT OF LEXINGTON)

TOWN OF CHAPIN)

AFFIDAVIT

Personally appeared before me the undersigned affiant, who after being duly sworn, deposes and affirms that no previous bill is owed to the Town of Chapin for any town utility service; that no resident or business receiving utility service from the Town in the affiant's name is at the present time indebted to the Town by reason of a previous unpaid utility bill; that if it is discovered that any resident or business with utility service in the affiant's name owes a previous utility bill, such bill shall be an additional responsibility of the affiant; that failure to pay same when requested by the Town shall constitute additional grounds for termination of the services; that the affiant has not previously obtained services under any fictitious name or has any business with utility services in the affiant's name ever obtained town utility service under a fictitious name; and that in the event of discovery of any violations of the above state facts, the affiant will promptly notify the Town of such discovery.

Sworn to before me this _____ day of _____ 20____.

Affiant

Notary Public of South Carolina

My Commission Expires _____

Business Name

Address at service location

"Any person found guilty of making a false statement under the provisions of this affidavit shall be guilty of a misdemeanor and upon conviction be subject to a fine of \$200.00 or thirty days in jail."