

**APPLICATION FORM FOR SEWER – HOMEOWNER/BUSINESS**

**CITY OF CHESNEE**

I HEREBY APPLY FOR SERVICE WITH THE CITY OF CHESNEE AND AGREE TO ABIDE BY ALL SERVICE POLICIES OF THE CITY. APPLICATION FEE \$25.00

NAME \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DL# \_\_\_\_\_

**MAILING ADDRESS:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**SERVICE ADDRESS:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESIDENTIAL: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ DUPLEX: \_\_\_\_\_ INDUSTRY: \_\_\_\_\_ MOBILE HOME: \_\_\_\_\_

HAVE YOU HAD PRIOR SERVICE WITH THE CITY OF CHESNEE? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I AGREE TO PAY ALL CHARGES. I ALSO UNDERSTAND THAT IF MY SERVICE IS DISCONTINUED FOR NON-PAYMENT OF A PAST DUE BILL, ALL BILLS DUE AND SERVICE CHARGES WILL HAVE TO BE PAID BEFORE SERVICE IS RESTORED. I ALSO ACKNOWLEDGE THAT UNPAID BILLS ARE COLLECTED IN ACCORDANCE WITH THE SC SETOFF DEBT COLLECTION ACT – SECTION 12-56-10 OF THE SC CODE OF LAWS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:

APPLICATION FEE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

SERVICE DATE: \_\_\_\_\_ EMPLOYEE INITIAL: \_\_\_\_\_