



**Application for Service/Customer Agreement**

Date of Application \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I hereby make application for any of the following described services (electricity/water/sewer) to be turned on at \_\_\_\_\_ (Service Address)

I would like my utility bill to be mailed to:

- Same service address as above
- Different address below (street, city, state, and zip code)

\_\_\_\_\_ (Mailing Address)

I hereby tender to the City of Westminster the sum of \$ \_\_\_\_\_ (deposit amount) plus a \$25 service fee to ensure payment of any bills for electricity, water, or sewer which may be consumed or used by or through such outlets at the above service address, whether used by me, or us, or others, and that such deposit may be applied to any final bills for electricity, water, or sewer.

Name: \_\_\_\_\_  
 SSN/TAX ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 DL/ID #: \_\_\_\_\_ STATE: \_\_\_\_\_  
 PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Read **AND** initial the following, then sign below on the Applicant Signature line:

\_\_\_\_\_ I do hereby understand that monthly utility bills are due as indicated on the respective bills. I, or we, understand that I, or we, should not tamper with any City metering, equipment, or other facilities and that any attempt to bypass or otherwise defeat the metering devices will result in prosecution under the laws of the State of South Carolina.

\_\_\_\_\_ I further understand that payment by any check that may be returned by the banking institution for non-sufficient funds or a closed account may result in a prompt disconnection of utilities without additional notification from the City. I understand that should my services be disconnected, whether for non-payment or at my request, I, or we, am/are responsible for all reasonable expenses incurred in the collection efforts including attorney fees, court fees, and/or collection fees.

\_\_\_\_\_ I further understand that my initial deposit may be increased according to my payment history and an assessment of the associated risk for non-payment.

\_\_\_\_\_ I understand that I am responsible for the metering device in accordance with City Code 50.02, inclusive.

\_\_\_\_\_ I have read the above disclosure and understand it as it is written and acknowledge copy of the same.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant Signature

Date