

APPLICATION FOR WATERAND/OR SEWER SERVICE

O Original Service O Se	nal Service O Service Transfer Date of Application:			Requested Service Date:		
Full Name of Applicant #1:	First	Middle	Last	Account number:		
Full Name of Applicant #2:	First		Middle		Last	
Service Address:						
Mailing Address:						
Telephone:		Cell	Work			
Email:						
Emergency Contact:						
Service Rate: #1		#7	#.		#4	
Residen	tial Co	mmercial	Fire Line	Hotel	I	rrigation
Service type: O Water	O Sewer					
Meter Size:						
p-In Receipt: Check # An		Amount	mount Maker		Received by	
Application is hereby made location as given above.	e to the Kiawah Is	land Utility, Inc. for the	above installation in	order to supply	service at th	e property
It is understood and agr the Company on file at the C Commission, and any modif	Company's office lo	cated on Sora Rail Road	, Kiawah Island, SC ar	nd with the South	Carolina Pub	
It is understood and agr make the Application liable vacated the premises or othe	for all charges agai	nst these premises until				
Kiawah Island Utility, Ii	nc.					
Signed by Applicant:				Date:		
Applicant #2:				Date:		