

**SOUTH CAROLINA WATER UTILITIES-PUI, INC.**  
**1713 WOODCREEK FARMS ROAD, Ste. A**  
**ELGIN, SC 29045 (803)699-2422 (803)699-6925 fax**  
**RESIDENTIAL SEWER CUSTOMER FORM**

ACCT# \_\_\_\_\_

*Dear Customer,*

*(office use only)*

***Please complete this form in full and return with a \$20.00 processing fee (if applicable) and a copy of your closing statement/lease agreement and a copy of your driver's license. Upon receipt of these documents, we will initiate service in your name. Please call our office if you have any questions. Thank You!***

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

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

SUBDIVISION \_\_\_\_\_

PHONE # \_\_\_\_\_ Email: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

*(if different from above)* \_\_\_\_\_

Authorized user: \_\_\_\_\_

(This person can call in to receive information or make changes to your account.)

Please choose **one** of the following and provide the information requested:

\_\_\_\_ NEW HOME; BUILDER: \_\_\_\_\_

DATE OF CLOSING: \_\_\_\_\_

LOT NUMBER: \_\_\_\_\_

\_\_\_\_ RESALE; DATE OF CLOSING: \_\_\_\_\_

\_\_\_\_ RENTING; LEASE DATE \_\_\_\_\_

LANDLORD NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

\_\_\_\_ TENANT/SPOUSE MOVED OUT, transfer name on account DATE \_\_\_\_\_

Please choose **one** of the following and provide the information requested:

\_\_\_\_ New customer \_\_\_\_ Existing customer: Prev. address: \_\_\_\_\_

**A processing fee of \$20.00 is required by all customers to transfer or set up accounts.**

Payment method: \_\_\_\_ CHECK \_\_\_\_ CASH \_\_\_\_ Add to first bill

The sewer user fee for a single resident is \$59.87 per month. For commercial customers, the billing rate will be based on the equivalent number of taps. Our billing cycle ends on the last day of each month. The payments are due by 3:00 p.m. on the last business day of the following month. A service charge of 1.5% will be applied to all unpaid balances.

***Past due accounts will receive a certified late notice and be charged a \$25 notification fee.***

*(office use only)* DATE \_\_\_\_\_

*(office use only)* PD \_\_\_\_\_

Signature of Customer \_\_\_\_\_ Driver's license # \_\_\_\_\_