

METER READ: _____

08/2024



APPLICATION FOR UTILITY SERVICES

Welcome to the City of Liberty! We're grateful to have you here. Please complete the entire form below before paying for your service. **You'll need to provide a copy of your driver's license or government-issued ID, as well as your Social Security card.** If you don't have a Social Security card, we accept government documents, such as a tax return, that match your ID name and include your Social Security number. Curious why we require this information? Please read the service contract addendum at the bottom of this form before signing.

FIRST AND LAST NAME: _____ DATE: _____

PHONE NUMBER : _____ EMAIL: _____

SERVICE ADDRESS: _____

DID YOU PURCHASE THIS PROPERTY OR ARE YOU RENTING? _____

MAILING ADDRESS (if different than service address): _____

SERVICE START DATE: _____

DRIVERS LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

TOTAL
AMOUNT DUE: _____

PRICES :

CONNECTION FEE:	\$35
DEPOSIT FEE:	\$100
RENTER ONLY WATER TAP FEE:	\$2,000
SEWER TAP FEE:	\$2,000

**** A 3% CONVENIENCE FEE WILL BE APPLIED TO ALL CHARGE CARD PAYMENTS, INCLUDING ONLINE UTILITY BILL PAYMENTS. THIS FEE DOES NOT APPLY TO PAYMENTS MADE BY CHECK OR CASH.****

SERVICE CONTRACT ADDENDUM

By signing this application for water service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The City of Liberty has the right to pursuant to the South Carolina Set Off Debt Collections Act, to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the city of Liberty, SC, 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 of South Carolina, and/or the City of Liberty, SC. If the City of Liberty chooses to pursue the debts in a manner other than setoff, the applicant also agrees to pay the costs and fees associated with the selected manner.

APPLICANT SIGNATURE: _____ DATE: _____

CITY OF LIBERTY REPRESENTATIVE: _____ DATE: _____

FILL OUT BELOW AT TIME OF CANCELLATION

FIRST AND LAST NAME OF INDIVIDUAL CANCELLING SERVICE: _____

**** IF DIFFERENT THAN NAME ON ACCOUNT, PLEASE PROVIDE A GOVERNMENT ISSUED ID ****

FORWARDING ADDRESS: _____

SIGNATURE: _____ DATE: _____

CITY OF LIBERTY REPRESENTATIVE: _____ DATE: _____

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