

TOWN OF CHAPIN
157 NW COLUMBIA AVENUE, PO BOX 418, CHAPIN, SC 29036

APPLICATION FOR UTILITY SERVICE

By signing this application for utility service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Chapin has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through setoff of the applicant's state income tax refund. If the Town of Chapin 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 and/or the Town of Chapin. If the Town of Chapin chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well. If service has been previously terminated, all payments must be made by cash, certified check or money order.

Please print

Account Name _____ E-Mail _____

Type of Service: _____ Residential: _____ Commercial: _____ Building Lot

SS# _____ Federal ID _____ Driver's License # _____

Service Address _____

Mailing Address _____

Telephone Number (H) _____ (C) _____ (Spouse Name) _____ (C) _____

Will you be residing at this address? Yes ___ No ___ Have you previously had utility service with us? Yes ___ No ___

If yes when & where? _____

Own _____ Rent _____ If rent, from whom? _____

Proof of ownership: _____ Deed _____ Closing Statement

Applicant's Place of Employment: _____

Business Address _____

Business Telephone _____

Please provide us with the name of an alternate contact person not residing in house:

Name _____

Address _____

Telephone Number _____ Date: _____

Applicant's Signature: _____

Please continue to next page

FOR OFFICE USE ONLY:

Date received: _____ Route: _____ Folio: _____

POOL _____ **SPRINKLERS** _____ **BACKFLOW DEVICE** _____

Amount paid: _____ Cash/Credit Card/Check# _____

Copy of Social Security Card and Driver's License received: Yes/No

Customer	_____ Sewer	_____ Sewer	ACCT# _____
	_____ Water	_____ Water/Sewer	LOC # _____

STATE OF SOUTH CAROLINA)
COUNTY OF LEXINGTON)
TOWN OF CHAPIN)

AFFIDAVIT

Personally appeared before me the undersigned affiant, who after being duly sworn, deposes and affirms that no previous bill is owed to the Town of Chapin for any town utility service; that no resident or business receiving utility service from the Town in the affiant's name is at the present time indebted to the Town by reason of a previous unpaid utility bill; that if it is discovered that any resident or business with utility service in the affiant's name owes a previous utility bill, such bill shall be an additional responsibility of the affiant; that failure to pay same when requested by the Town shall constitute additional grounds for termination of the services; that the affiant has not previously obtained services under any fictitious name or has any business with utility services in the affiant's name ever obtained town utility service under a fictitious name; and that in the event of discovery of any violations of the above state facts, the affiant will promptly notify the Town of such discovery.

Sworn to before me this ____ day of _____
_____ 20 _____. Affiant

Notary Public of South Carolina Business Name

My Commission Expires _____
Address at service location

“Any person found guilty of making a false statement under the provisions of this affidavit shall be guilty of a misdemeanor and upon conviction be subject to a fine of \$200.00 or thirty (30) days in jail.”