City of Georgetown
P.O. DRAWER 939 GEORGETOWN, SC 29442
PHONE (843) 545-4044 FAX (843) 527-3629
APPLICATION FOR NON-RESIDENTIAL UTILITY SERVICE

Date	
Customer	Application Received By:
Building Department	DISAPPROVED
	APPROVED
Be it further agreed that the City of Georgetown reserves to itself the right to discontinue service and remove its apparatus from the premises of the customer in case of violation of any of the terms of this agreement, rules and regulations, and rate schedules of the City of Georgetown, or if any of the above information given by the customer is found to be fraudulent.	Be it further agreed that the City of Georgetown reserves to itself the right to discontinue service and remove of the customer in case of violation of any of the terms of this agreement, rules and regulations, and rate schedule if any of the above information given by the customer is found to be fraudulent.
All meters, meter boxes and/or other equipment or facility used in connection with this service to the customer shall remain the exclusive operty of the City of Georgetown.	All meters, meter boxes and/or other equipment or facility property of the City of Georgetown.
the City of Georgetown agrees to furnish the available Electric, Water and Sewer service to the customer, and the customer agrees to receive and pay for said available Electric, Water and Sewer Service in accordance with the applicable rate schedules and rules and ordinances now in effect or hereinafter enacted by the City of Georgetown in connection with the operation of the Utility Department.	the City of Georgetown agrees to furnish the available Electric, Water and Sewer service to the customer, and pay for said available Electric, Water and Sewer Service in accordance with the applicable rate schedules and or hereinafter enacted by the City of Georgetown in connection with the operation of the Utility Department.
SERVICE AGREEMENT	SERVICE AGREEMENT This agreement when signed by the customer and an authorized representative of the City of Geographous shall
	CREDIT REFERENCES
	PERSON TO CONTACT CONCERNING PAYMENT
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	* ADDITIONAL FORM NEEDED OUTSIDE
BEFORE?IF SO WHEN?FINAL BILL PAID?	LOCATIONSERVICE WITH CITY BEF
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NEW INSTALLATION	TOTAL
	WATER
TEMP	ICAL
RVICE REQUESTED CHECK ONE:	SE DEPOSIT SERVICE CHARGE
***************************************	***************************************
HOME#SS#	
ADDRESS	MANAGER
HOME# SS#	VICE-PRESIDENT
TOME#SS#	
S	PRESIDENT
HOME#SS#	OWNER
PARTNERSHIP FRANCHISE ADDRESS	PROPRIETORSHIPCORPORATION
ACCOUNT #	OWNERSHID / LEGAL STATLIS
FEDERAL TAX ID # OR SS #	BILLING ADDRESS
BUSINESS LICENSE #	
TYPE OF BUSINESS	SERVICE LOCATION
BUSINESS PHONE #	BUSINESS NAME