

**PALMETTO UTILITIES, INC.**  
**1713 WOODCREEK FARMS ROAD, Ste. A**  
**ELGIN, SC 29045 (803)699-2422 (803)699-6925 fax**  
**MULTI-FAMILY SEWER CUSTOMER FORM**

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

*Dear Customer,*

*(office use only)*

*Please complete this form and return with a \$20.00 processing fee (if applicable) and a copy of your closing statement/lease agreement. 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 # \_\_\_\_\_

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

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

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

\_\_\_\_\_ NEW PROPERTY; BUILDER: \_\_\_\_\_

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

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

**OR**

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

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

*If your account becomes delinquent, you will receive a certified late notice and be charged a \$25.00 late notification fee.*

*Equivalent number of taps:*

*X monthly residential usage fee:*

*= monthly usage rate: \_\_\_\_\_ \$*

Signature of Customer \_\_\_\_\_ Tax ID # \_\_\_\_\_