

**TOWN OF OLANTA**

103 Park Avenue
P.O. Box 396
Olanta, S.C. 29114
Phone: 843-396-4301
Fax: 843-396-4414

**Utility Department
Owner Application For Service**

Name to Appear on Account _____
Service Location and Type: Inside City _____ Outside City _____
Residential _____ Commercial _____

To connect service there is a NON-REFUNDABLE APPLICATION FEE: Owner = \$100
****If no existing tap is present, a NON-REFUNDABLE APPLICATION FEE AND WATER TAP**
INSTALLATION FEE WILL APPLY. **

Type Of Service(s) requested (Please check each service requested):
Water _____ Water & Sewer _____ Trash Pick-up _____

Service Address _____

Billing Address _____

Home/Mobile Phone _____ Work Phone _____

Social Security No. _____ Driver's License No. _____

Property Owner/Landlord's Name _____

Property Owner's Address _____

Property Owner's Contact Phone No. _____

I fully understand that my utility bill must be paid monthly. I understand that If I fail to pay my bill by the cut-off date, my Services will be suspended until the bill is paid in full to include penalties and a reconnect fee of \$50. Should service be terminated, I understand that the Town of Olanta has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed through offset of my state income tax refund. If the Town of Olanta chooses to pursue debts owed by me, the applicant through the Setoff Debt Collection act, agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue, the Municipal Association of S.C., and the Town of Olanta.

Applicant's Signature _____

Date _____

Approved by _____

Date _____

Office Use Only

Amount of Application Fee Paid _____
Amount of Water Tap Installation Fee Paid _____
Date _____
Clerks Initials _____