



Patsy Hart Billing Supervisor

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**SERVICE APPLICATION**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

LOT # \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TAX MAP # \_\_\_\_\_ DATE \_\_\_\_\_

**TYPE OF SERVICE NEEDED**

ELECTRIC      RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_  
 RESIDENTIAL A/E \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

WATER      3/4" \_\_\_\_\_ YARD TAP \_\_\_\_\_  
 1" \_\_\_\_\_ FIRE PROT \_\_\_\_\_  
 2" \_\_\_\_\_ SPRINKLERS \_\_\_\_\_

SEWER      RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_  
 CNTY LINE ONLY \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_

**CHARGE**

WATER TAP \_\_\_\_\_  
 WATER USER FEE \_\_\_\_\_  
 SEWER USER FEE \_\_\_\_\_  
 TEMP POWER \_\_\_\_\_  
 UNDERGROUND POWER \_\_\_\_\_  
 DEPOSIT \_\_\_\_\_  
 TOTAL DUE \_\_\_\_\_

I AM APPLYING FOR SERVICE WITH SENECA LIGHT & WATER AND TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT. I ASSUME ALL RESPONSIBILITY FOR PAYMENT OF THE ABOVE UTILITIES. I ALSO GRANT ACCESS TO SENECA LIGHT & WATER FOR THE PREMISES ABOVE FOR ANY NECESSARY SERVICE.

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_