



**WATER SERVICE REQUEST / WATER SERVICE
DECLINATION**

**PRIMARY CONSUMER IS:
CHECK ONE ONLY**

White	Black or African American	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Hispanic or Latino	Asian

**PRIMARY USE IS:
CHECK ONE ONLY**

Residential	Commercial	Agricultural	Industrial

NAME _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

SERVICE IS DECLINED _____

IF SERVICE IS DECLINED PLEASE STOP HERE

SERVICE IS REQUESTED _____

HOME PHONE _____ WORK PHONE _____
SOCIAL SECURITY NUMBER _____
DRIVERS LICENSE NUMBER _____ STATE _____

911 SERVICE ADDRESS _____

LOCATION OF PROPERTY AND TAX MAP NUMBER IF AVAILABLE _____

APPLICANT'S SIGNATURE _____ DATE _____

IF A PLAT OF THE PROPERTY IS UNAVAILABLE, PLEASE SKETCH IN A MAP OF PROPERTY LOCATION USING ROAD NAMES OR NUMBERS. YOU MAY ALSO USE LANDMARKS SUCH AS CHURCH'S, BUSINESS'S ETC.

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106 N JENNINGS STREET, SALUDA, SOUTH CAROLINA 29138
TELEPHONE (864) 445-9572 FAX (864) 445-3025