



OFFICE USE ONLY
Service Deposit: _____
Date Paid: _____
Zoning Permit: _____
Bus License: _____
Fire Inspection: _____

TOWN OF CLOVER

COMMERCIAL APPLICATION

Today's Date: _____

PLEASE PRINT

SERVICE ADDRESS TO BE CONNECTED _____

DATE TO BE CONNECTED _____

Applicants Name: _____

Business Name: _____

Social Security: _____ Federal ID#: _____

Billing Address if different than service address: _____

Responsible Party: _____ Title: _____

Type of Business: _____

Have you had previous service with the Town of Clover? Yes or No If yes, where _____

Business Telephone # _____ Fax #: _____

Emergency Contact #: _____ Number of Employees: _____

Landlord's Name and Tel. #: _____

Please note: By signing this application for utility water service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Clover has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the Town of Clover chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue, the South Carolina Association of Counties, the Municipal Association of South Carolina, and/or the Town of Clover. If the Town of Clover chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

Signature of Applicant _____ **Date Signed:** _____