



**TOWN OF CLOVER**

**RESIDENTIAL APPLICATION**

|  |
|--|
| <b>Office Use Only</b><br>Service Deposit _____<br>Date Paid _____ |
|--|

Today's Date \_\_\_\_\_

PLEASE PRINT

SERVICE ADDRESS TO BE CONNECTED \_\_\_\_\_

DATE TO BE CONNECTED \_\_\_\_\_

APPLICANTS LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Spouses Name \_\_\_\_\_ Spouses Maiden Name \_\_\_\_\_

Any other adults living at this address \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Nearest relative not living with you \_\_\_\_\_

Relatives Address \_\_\_\_\_

Relatives Phone \_\_\_\_\_

Have you had service with the Town of Clover?    Yes    or    No

Where if yes? \_\_\_\_\_

Landlord Information:    Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**By signing this application for utility 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** \_\_\_\_\_