



TOWN OF PROSPERITY

PO Box 36

Prosperity, SC 29127

Phone: 803-364-2622

Fax: 803-364-2183

APPLICATION FOR COMMERCIAL UTILITY SERVICES

By signing this application for commercial utility services, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Prosperity 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 Prosperity 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 Prosperity. If the Town of Prosperity 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.

PLEASE PRINT

Account Name _____

Type of Business _____ Individual _____ Partnership _____ Corporation _____

Business Owner/Company Contact: _____

Federal ID #: _____ D.L. State: _____ D.L. #: _____

Copy of Social Security Card and Driver's License **MUST** accompany this form.

Service Address _____

Mailing Address _____

Telephone _____

Have you previously had utility services with us? Yes _____ No _____

If Yes, Personal _____ or Commercial _____

If yes, when and where located? _____

Own _____ Rent _____

If you rent, a current, signed copy of Lease Agreement or Town of Prosperity Commercial

Utility Renter Form **MUST** accompany this form.

Revised

10/20/06

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Does this business provide any form of life-support system?

Yes _____ No _____ If yes, explain: _____

Please provide us with the name of the appropriate person/s to contact in case of emergency:

Name _____

Telephone _____ (Resident) _____ (Business) _____ (Cell) _____

Name _____

Telephone _____ (Resident) _____ (Business) _____ (Cell) _____

Name _____

Telephone _____ (Resident) _____ (Business) _____ (Cell) _____

Date: _____ Applicant's Signature _____

FOR OFFICE USE ONLY:

Date Received: _____ Account # _____

Amount Paid: _____ cash / check # _____

Route # _____ Sequence # _____ Suffix # _____

Copy of Social Security Card & Drivers License Received: yes / no

Customer Type: _____

E _____ W _____ S _____ PL _____ SAN _____

E-electric W-water S-sewer PL-pole light SAN-sanitation

STATE OF SOUTH CAROLINA)
COUNTY OF NEWBERRY)
TOWN OF PROSPERITY)

COMMERCIAL
AFFIDAVIT

PERSONALLY appeared before me the undersigned Affiant, who after being duly sworn, deposes and affirms that no previous utility bill is owed by the Affiant to the Town of Prosperity for any Town utility service; that no residence or business receiving utility service from the Town in the affiant's name is at the present time indebted to the Town by reason of a previous unpaid utility bill; that if it is discovered that any residence or business with utility services in the affiant's name owes a previous utility bill, such bill shall be an additional responsibility of the affiant; that failure to pay same when requested by the Town shall constitute additional grounds for termination of the services; that the affiant has not previously obtained services under any fictitious name nor has any business with utility services in the affiant's name ever obtained town utility services under a fictitious name; and that in the event of discovery of any violations of the above state facts, the affiant will promptly notify the Town of such discovery.

Sworn to before me this _____
Day of _____, _____ Affiant

Notary Public of South Carolina Business Name
My Commission Expires: _____ Address at Service Location

“Any person found guilty of making a false statement under the provisions of this affidavit shall be guilty of a misdemeanor and upon conviction be subject to a fine of \$200.00 or thirty days in jail.”

TOWN OF PROSPERITY
COMMERCIAL UTILITY RENTER FORM

I, _____
NAME OF PROPERTY OWNER

ADDRESS OF PROPERTY OWNER

CITY STATE ZIP

PHONE OF PROPERTY OWNER

Hereby attest that I, by means of legal and binding agreement, do lease

PHYSICAL ADDRESS OF PROPERTY

to

LEGAL NAME OF RENTER

SIGNATURE OF PROPERTY OWNER

DATE