

RIVERVIEW COMMUNITY WATER SYSTEM

Application for Water Service

*Today's Date: _____ *Requested Connection Date: _____

*Applicant Name: (First) _____ (Last) _____

*Service Address: (Street) _____

(City) _____ (State) _____

Mailing Address

(If different from Service Address): (Street) _____

(City) _____ (State) _____

Telephone: (Business) (____) ____ - _____ *(Home) (____) ____ - _____

Cell Phone: (____) ____ - _____ E-Mail: _____

*Deposit Enclosed (\$90.00): \$ _____ Check/Money Order: # _____

Comments:

Please complete form and mail with deposit to (Check or Money Orders Only):

Riverview Community Water System (RCWS)
P.O. Box 416
Fort Mill, SC 29716-0416
(803) 547-2458

***Denotes Required Fields**