

RIVERVIEW COMMUNITY WATER SYSTEM

Application for Water Service

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

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

*Service Address:

(Street) _____

(City) _____ (State) _____ (Zip) _____

Mailing Address (If different from Service Address):

(Street) _____

(City) _____ (State) _____ (Zip) _____

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

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

*Deposit Enclosed (\$125.00): \$ _____ 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