



CITY OF YORK UTILITY DISCONNECT FORM

CITY OF YORK : 10 N. Roosevelt St.:PO Box 500: YORK SC 29745 P:(803)684-2341 : WWW.YORKSC.GOV

TODAY'S DATE: _____ ACCOUNT# _____

CUSTOMER NAME:(Please Print) _____

CURRENT SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE: _____

DISCONNECTION DATE: _____

SERVICE CONTRACT AGREEMENT

By signing the Application for Utility Service, the applicant agrees to pay all cost of collection of the applicant's unpaid bills. Applicant is responsible for ALL CHARGES INCURRED until such date that the City of York is provided a signed "City of York Utility Disconnection Request". The City of York 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 City of York 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 Municipal Association of South Carolina, and/ or the City of York. If the City of York 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. City policy is that debts over ninety (90) days past due may be turned over for collection.

Please Note: Disconnection Requests MUST be made in writing. Applicant will receive a final bill the consecutive month following a Disconnection Request. Billing runs from approximately the 10th of the prior month to the 10th of the current month. Applicant agrees to be responsible for ALL usage and fees through the disconnection date requested. A copy of this form will be provided to you upon request.

CUSTOMER SIGNATURE: _____

FOR UTILITY BILLING ONLY:

READ: _____ DATE POSTED TO SYSTEM: _____