

AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: Water Sewer Both

CERTIFICATED COMPANY INFORMATION

Company Name _____

Db/fka _____

Telephone _____

Mailing Address _____

City, State, Zip Code _____

Business Location _____

City, State, Zip Code _____

County _____

REGISTERED AGENT INFORMATION

Registered Agent: _____

Mailing Address: _____

City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following:

A. General Manager: _____

Telephone Number / Facsimile Number / E-mail Address

B. Customer Relations/Complaints Representative: _____

Telephone Number / Facsimile Number / E-mail Address

C. Engineering Operations: _____

Telephone Number / Facsimile Number / E-mail Address

D. Meter Test and Repairs: _____

Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: _____
(During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence:

A. Financial: _____

Telephone Number / Facsimile Number / E-mail Address

B. Customer Contact (Toll Free Number): _____

_____	_____
This form was completed by (print name)	Signature
_____	_____
Title	Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

And

Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, South Carolina 29201