



City of Folly Beach
P.O. Box 48
Folly Beach, South Carolina 29439

APPLICATION FOR UTILITY TRANSFER:

Date of Application: _____ **Account Number:** _____

Name: _____

Service Address: _____

Billing Address: _____

Phone Number: _____

Email Address: _____

The undersigned hereby makes application for sewer service at the above service address and agrees to pay for said services as measured by the utility meter at the applicable rate.

The applicant agrees that this application is subject to the Folly Beach Water and Sewer System Code of Laws, pertaining to Public Utilities, Title 4 Chapters 1&2, a copy which is available for review at City Hall

Applicants Signature: _____

SECTION TO BE COMPLETED BY UTILITY DEPARTMENT

Type of Utility:

Sewer: \$50.00

Water: \$50.00