

STATE OF SOUTH CAROLINA )  
COUNTY OF NEWBERRY )  
CITY OF NEWBERRY )

AFFIDAVIT

PERSONALLY appeared before me the undersigned affiant, who after being duly sworn, deposes and affirms that no previous utility bill is owed by the affiant to the City for any City utility services; that no principle owner of the business to be served by such City services is at the present time indebted to the City by reason of a previous unpaid utility bill; that if it is discovered that any principle owner of the business receiving said services does owe a previous utility bill, such bill shall be an additional responsibility of the business; that failure to pay same when requested by the City shall constitute additional grounds for termination of the services; that the affiant nor any principle owner of the business has not previously obtained services under any fictitious name; and that in the event of discovery of any violations of the above stated facts, the affiant will promptly notify the City of such discovery.

"Any person found guilty of making a false statement under the provisions of this affidavit shall be guilty of a misdemeanor and upon conviction be subject to a fine of \$200.00 or thirty days in jail."

As Affiant, I guarantee payment of services as requested below. I understand that the City will accept no liability for disruption of service.

SWORN to and before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Affiant \_\_\_\_\_

\_\_\_\_\_  
Notary Public of South Carolina Title \_\_\_\_\_  
My Commission Expires \_\_\_\_\_. Date \_\_\_\_\_

CITY OF NEWBERRY UTILITY SERVICES REQUESTED: Water, Sewer and Electricity

- 1. Business Name \_\_\_\_\_
- 2. Service Address \_\_\_\_\_
- 3. Mailing Address \_\_\_\_\_
- 4. Business E-Mail \_\_\_\_\_
- 5. Social Security #/Federal I. D. # \_\_\_\_\_
- 6. State Tax # \_\_\_\_\_ Business Phone # \_\_\_\_\_
- 7. Affiant's Driver's License/I. D. # \_\_\_\_\_ State \_\_\_\_\_
- 8. If renting, from whom: \_\_\_\_\_
- 9. Please provide us with the name and phone numbers of an alternate contact person:  
\_\_\_\_\_

Residence Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

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Office Use Only: A/C# \_\_\_\_\_ W/O# \_\_\_\_\_ By: \_\_\_\_\_