



## REQUEST TO TERMINATE UTILITY SERVICE

Richland County Utilities (RCU) customers may complete and submit this form in order to terminate their utility service. Completed forms can be printed and returned in person, faxed to **803-401-0030**, or mailed to Richland County Utilities, 7525 Broad River Road, Irmo, SC 29063.

I. Customer Name (print): \_\_\_\_\_

II. Utility Service being disconnected:  Water (*final meter read will occur*)  Sanitary Sewer Service

III. Account Number: \_\_\_\_\_ Social Security #/EIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IV. Effective date of Utility Service Termination: \_\_\_\_\_  
(*Termination of service and final meter readings, if applicable, will occur within five (5) business days of the "Effective date"*)

V. Primary Telephone Number: \_\_\_\_\_ Secondary Telephone No.: \_\_\_\_\_

VI. Address of property where service is located:

Property Owner Name \_\_\_\_\_ Richland County TMS No. \_\_\_\_\_

Street \_\_\_\_\_ Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

VII. Final Billing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

VIII. Are you selling your home:  No  Yes (*please provide the name & phone number of the closing attorney or real estate agent*)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

IX. I hereby request that Richland County Utilities terminate the above referenced utility service (Section II) on the prescribed date (Section IV). I am aware that I am responsible for any and all outstanding balances and the final bill. I will make payment by the due date, as shown on the final bill, and I agree that I shall be responsible for any and all costs associated with non-payment of outstanding balances. I agree and understand that Richland County has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed through offset of my state income tax. If Richland County chooses to pursue debts owed through the Setoff Debt Collection Act, I agree to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue.

Account Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR INTERNAL USE ONLY

I. Date request received: \_\_\_\_\_ Received by (RCU personnel): \_\_\_\_\_

II. Final Meter Reading (if applicable): \_\_\_\_\_ Date of Service Termination: \_\_\_\_\_