AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: [ ] Water [ ] Sewer [ ] Both

CERTIFICATED COMPANY INFORMATION

_____
Company Name

_____
Dba/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
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 07/2015)