

# 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  
**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