



Where the Mountains Begin

City of Pickens
PO Box 217, Pickens, SC 29671
864-878-6421

Please complete this application
to request water service from the City of Pickens Water Department

First Name _____ Middle Initial _____ Last Name _____

Address _____

City, State, Zip Code _____

For Office Use Only	
Male/Female	_____
Ethnicity	_____ Race _____
Previous Acct #	_____
Deposit	_____
Connection Fee	_____
Transfer Fee	_____

Mailing address for water bills _____

Telephone _____ Other Phone _____

Emergency Contact Name _____ Phone _____

The following is required in compliance with U.S. Dept of Agriculture Rural Development:

Sex: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaskan Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American

Date to turn water on _____

Are you transferring water service (already on our water system)? Yes No

If YES, what location address are you transferring from? _____

Homeowner? Yes No Renter? Yes No

Note: If this is a mobile home, do you own the property where this mobile home is located? Yes No

Note: When our staff members turn water on, they normally unlock water meter and turn water on. However, if a significant leak is suspected, staff will leave the water meter unlocked for you, but they will turn the water off at the meter.

Do you have a critical need for water (for example, oxygen machine)? Yes No

If YES, briefly explain: _____

I agree to abide by the Water Users Agreement of the City of Pickens Water Department.

Signature _____

Today's Date _____