

AUTHORIZED WATER AND/OR SEWER UTILITY REPRESENTATIVES

PSC Regulations 103-512-2.5 and 103-712.2.5

TYPE: Water Sewer Both

CERTIFICATED COMPANY INFORMATION

Company Name

dba/fka

Telephone #

Mailing Address

City, State, Zip Code

Business Location

City, State, Zip Code

REGISTERED AGENT INFORMATION

Registered Agent _____

Mailing Address _____

City, State, Zip Code _____

Please PRINT authorized representative's name and contact information for the following:

a. General Manager

Telephone Number /Facsimile Number /E-mail Address

b. Customer Relations/Complaints

1.

Customer Relations/Complaints Representative for *Written Complaints* _____

Telephone Number /Facsimile Number /E-mail Address

2.

Customer Relations/Complaints Representative for *Verbal Complaints* _____

Telephone Number /Facsimile Number /E-mail Address

3.

Customer Relations/Complaints Representative for *Escalated Complaints* _____

Telephone Number /Facsimile Number /E-mail Address

c. Engineering and/or Operations

Telephone Number /Facsimile Number /E-mail Address

d. Meter Tests and Repairs (Water Only)

Telephone Number /Facsimile Number /E-mail Address

e. Emergencies during non-office hours

Telephone Number /Facsimile Number /E-mail Address

Home Phone Number /Cell Phone Number

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

And

Office of Regulatory Staff
Water Operations
1401 Main Street, Suite 900
Columbia, South Carolina 29201