



REVIEW OF REU's ASSIGNED REQUEST FORM

Sullivan's Island Water and Sewer Policy

Please complete the form and submit to the Sullivan's Island Water & Sewer Department Manager via email at ggress@sullivansisland-sc.com

Date of Review Request: _____

For Property: Multifamily or Non Residential (circle one), TMS #: _____

CONTACT INFORMATION

Name: _____

Phone: _____

Email: _____

Mailing Address: _____

CUSTOMER INFORMATION

Customer Name as it appears on Bill: _____

Customer Number/Account Number: _____

Service Address: _____

Date Service was established: _____

Units assigned by SI (if MF): _____ Peak Average Usage _____ REUs assessed: _____

Justification for Request: _____

By signature, I agree to the reduction in REUs for this property and I understand that REUs for this account may be re-evaluated in the future by Sullivan's Island Water and Sewer Department.

Customer Authorized Signature

For SIWS Use Only

<input type="checkbox"/> Approved By:	<input type="checkbox"/> Denied By:
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