



APPLICATION FOR UTILITY SERVICE

DATE FOR CUT ON: _____ () TENANT () OWNER () MANAGER

DATE FOR CUT OFF: _____ PHONE: _____

Email: _____

NAME: _____

DRIVERS LICENSE: _____ *S.S. NO. _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

SIGNATURE OF ACCOUNT HOLDER _____

NAME OF SPOUSE: _____

APPLICANTS' EMPLOYER: _____

PROPERTY OWNER/LANDLORD _____

ADDRESS: _____

SIGNATURE PROPERTY OWNER/LANDLORD _____

MORTGAGE COMPANY: _____

ADDRESS: _____

ADDRESS OF LAST WATER SERVICE: _____

Signature of this form acknowledges the Town policy for billing. Bills are dated the first of each month and are due on the 20th by 5pm. If not paid by 5pm on the 20th a \$10 late fee is assessed and customer will receive a phone call reminder. If the bill is not paid in full by the 30th of the month, service may be interrupted at the discretion of the Town. If a customer receives a bill with a PAST DUE amount, that amount was due on the 20th of the previous month and NOT by the current due date and is already subject to service interruption. It is the customer's responsibility to maintain a working phone number on file with the Town.

The making of the deposit required by this ordinance shall not relieve any premises of liability for the payment of any water bill incurred by any tenant. Every landlord renting or leasing premises to tenants required by this ordinance to make deposit shall immediately notify the Town upon completion or vacation of the rented or leased premises by the tenant. By signing this agreement, the owner or landlord accepts responsibility for charges when property is vacant.

*Pursuant to G.S. 105 A-3(c) and G.S. 143-64.60(b), disclosure of a social security number is voluntary and could be used for fraud prevention and collection purposes thru the North Carolina Local Government Debt Setoff Clearing House. Personal information collected by the City of Archdale will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information be shared, sold or otherwise made available for public inspection. There is an additional utility deposit required from applicants that choose not to provide a social security number or Tax ID number.

OFFICE USE ONLY

CONNECTION FEE: _____ DATE PAID _____

METER DEPOSIT: _____ DATE PAID _____

ACCOUNT NUMBER: _____ RECYCLE BIN # _____

FINAL READING: _____