

SERVICE APPLICATION

RESIDENTIAL SERVICE () COMMERCIAL SERVICE () OTHER ()

SERVICE(S) APPLIED FOR: WATER () SEWER () SANITATION ()

APPLICANT'S NAME _____

DATE OF BIRTH _____ DRIVER'S LICENCE _____

SOCIAL SECURITY NUMBER _____
The SSN's are used solely for the purpose of collection of unpaid billings or other legally authorized purposes such as a court order, warrant or subpoena. 5 U.S.C 552a(note)(2007); G.S. 143-64.60; G.S. 132-1.10(b)(4)

PHONE _____ ADDITIONAL PHONE _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

RENT/OWN _____ LANDLORD _____

LANDLORD ADDRESS _____

APPLICANT'S EMPLOYER _____

HAVE YOU OR YOUR SPOUSE HAD SERVICE WITH THE CITY OF HIGH SHOALS BEFORE? YES () NO ()

IF YES: UNDER WHAT NAME _____

WHAT ADDRESS _____

PLEASE READ CAREFULLY

Utility bills are mailed out on the first of each month and are due by the tenth day of each month. The bill becomes delinquent after the twentieth of the month and is subject to a \$10.00 late charge. Service is subject to disconnection at any time after the twenty-fifth of the month without further notice. If your utilities are disconnected due to non-payment of your bill, all past due bills, late fees, and a reconnection fee of \$25.00 must be paid before service can be restored. The City of High Shoals will not reconnect service after 4:30pm.

The City of High Shoals shall at all reasonable times have the right of ingress to and egress from the premises of the customer, for all purposes connected with the delivery of service, or the exercise of any rights under the contractual agreement.

The City of High Shoals will not tolerate the theft of, or tampering with, the city's utility system. Use of city utilities after disconnection by the city, whether reconnected by the customer or anyone other than an authorized employee of the city, shall constitute theft of said utility. Only authorized employees of the City of High Shoals have the authority to make adjustments and/or repairs to city utilities. Anyone other than an authorized city employee found so doing will be charged with illegal tampering of city utilities. This includes any part of the utility service belonging to the City of High Shoals. If any part of the utility system is tampered with, you will be charged for estimated gallons used and a tampering fee, plus all damages to the system and/or equipment. Violators will also be charged under North Carolina Law General Statute 14-151 covering tampering, which carries a fine of \$500.00 and/or up to two years imprisonment. The civil penalty for the theft of, or tampering with, city utilities is as follows: First offense \$250.00 Second offense \$500.00 Third offense: The denial of city utility service each day that such violation continues shall constitute a separate and distinct offense.

SERVICE AGREEMENT

This agreement, when signed by the consumer and by an authorized representative of the City of High Shoals, shall become a contract under which the City of High Shoals agrees to furnish applicable services to the individual consumer, and the consumer agrees to receive and pay for said services in accordance with the applicable rate schedule. The rate schedule may be modified from time to time, and said rate schedule is hereby made a part of this contract as effectually as if fully set forth therein.

It is further agreed that the City of High Shoals reserves to itself the right to disconnect service and remove its apparatus from the premises of the consumer in case of violation of the terms of this contract.

I, the applicant, state that all of the information given on this application is true and accurate and agree to the conditions of the service agreement. I further understand that if any of this information is found to be false, service can and will be disconnected.

Date: _____ Applicant's Signature: _____

City of High Shoals use only

Connection Fee Received: Date: _____ \$ _____

Deposit Received Date: _____ \$ _____

Rent Receipt Verified Date: _____ Yes () No ()

Customer in System Date: _____ Acct Number _____

Disconnected Date: _____

Deposit Refunded Date: _____ Check Number _____

Forwarding Address: _____