

Town of Burgaw
Application for Utilities
BUSINESS APPLICATION

Business Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____ *Race: _____

Contact Person's Phone: _____ SS*/EIN: _____

Business Phone: _____ Fax: _____

Type of Business: _____

Number of Employees: _____ Square Footage of Building: _____

**Race information is required to be gathered by federal law in order to insure compliance that services are provided to any and all people regardless of race, color, natural origin, sex, age and/or disabilities.*

**The disclosure of a social security number is not mandatory. The social security number is collected from any person who may become a debtor for purposes of Setoff Debt Collection, G.S. 105A-3(c). The information may be used for collection.*

The utility bill is due on the 10th of every month. There is a five day grace period which ends at 5:00 PM on the 15th of each month. If we have not received your payment after the grace period, your utilities will be disconnected. You will then be required to pay your bill plus an additional \$35.00 penalty to restore service at your service address. You may also be required to pay a larger security deposit.

I have read this agreement and I agree to these terms.

Signature _____ Date _____

OFFICE USE ONLY

Account # _____ Deposit/Fees _____

Business License Fee _____ License Number _____

Turn On _____ Reading _____ Meter ID# _____