



Town of Burgaw Application for Utilities RESIDENTIAL APPLICATION

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ *Race: _____ Drivers Lic #: _____ State: _____

*SS #: _____ Name as it appears on SS Card: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Would you like to receive your utility bill by **e-mail**? If so, please provide your e-mail address below. *By providing an e-mail address, you will not receive a utility bill in the mail.*

If this is a rental home, please list landlord's name, address and phone number below:

Landlord Name: _____ Address: _____ Phone Number: _____

Co-Applicant Information

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ *Race: _____ Drivers Lic #: _____ State: _____

*SS #: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

**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 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.*

**** All information above must be completed in order for the required credit check to be performed. Applicant must pay \$5.00 for credit check..*

"This institution is an equal opportunity employer"

"Esta institucio'n es un proveedor de servicios con igualdad de oportunidades."

Hearing Impaired: Please dial 711

All utility bills are due by the 10th of the month. We do allow a grace period in which you can pay your bill by 5:00 PM on the 15th. If we have not received your payment in Town Hall by 5:00 PM on the 15th, a \$35.00 administrative fee is imposed on all delinquent accounts. Administrative fees and past due balances must be paid in full before the 21st day of the month to avoid disconnection of service.

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

Signature _____ Co-Applicant _____ Date _____

OFFICE USE ONLY

Account # _____ Deposit/Fees _____ Turn On _____

Meter ID# _____ Route _____ Sequence _____ Reading _____

*****PLEASE COMPLETE ATTACHED FORM IF YOU WISH TO SET UP AUTOMATIC DRAFT*****