

In system _____
Green Card _____
Amount of Deposit _____
Letter of Credit By _____
Credit Voucher Signed By _____
Account #: _____
Old Account # _____

Town of Maiden

19 N. Main Ave.
Maiden, NC 28650
Telephone (828) 428-5000
Fax (828) 428-5017

Residential Utility Service Application

(PLEASE PRINT NEATLY)

Name: _____ Spouse's Name: _____

Service Address: _____

Mailing Address (If Different): _____

Social Security #: _____ Driver's License #: _____ State: _____

Phone #: _____ Email Address: _____

Would you like to receive emails? (Notifications via email are for utilities ONLY) Yes No

Employer: _____

Dept./Supervisor: _____ Employer's Phone #: _____

Do you Rent? or Own? Landlord: _____ Phone #: _____

Have you had service with the Town of Maiden before? Yes No If yes, when: _____

At what address? _____ Were you ever cut off for non-payment? Yes No

Do you owe the Town of Maiden any money for an old bill? Yes Amount \$_____. No

Please check all services needed. Electric: Water: Sewer: Garbage Pickup:

Connect Date: _____

Please make all checks payable to: Town of Maiden

Please take proper steps to ensure the safety of your property before your service(s) are connected or disconnected. Make sure all appliances and faucets are turned off. Although someone does not have to be at your property before we will connect or disconnect your service(s), it is highly recommended. Please note that the Town of Maiden will not assume any liability for any damage done to your property from the result of connecting or disconnecting your service(s) because any appliances and/or faucets were not turned off. I agree to indemnify and hold harmless the Town of Maiden for any and all liability arising from these services being connected or disconnected.

I warrant that the above information furnished for the purpose of obtaining utility service with the Town of Maiden is true and complete. I understand that any false statement can result in disconnection of my utility service at any time.

Applicant's Signature: _____ Date: _____

(for joint accounts, both must sign)

Signature: _____ Date: _____