

In system _____
Green Card _____
Amount of Deposit _____
Letter of Credit By _____
Credit Voucher Signed By _____
Route/Sequence #: _____

Town of Maiden

19 North Main Ave.
Maiden, NC 28650
Telephone (828) 428-5002 Fax (828) 428-5017

Commercial/Industrial Utility Service Application

What Classification are you applying for: (Please Check One)

Small Commercial Medium Commercial Large Commercial

Small Industrial Medium Industrial Large Industrial Very Large Industrial

(PLEASE PRINT NEATLY)

Business Name: _____

Service Address: _____

Mailing Address: _____

Contact Person: _____ Local Phone# : _____

Email Address: _____

Tax ID or Social Security Number: _____

Home Office Phone #: _____ Fax #: _____

Do you lease? or Own?

Property Owner's Name: _____ Phone #: _____

Have you had service with the Town of Maiden before? Yes No

If yes, when: _____ At what address? _____

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

Connect Date: _____

Please make all checks payable to: Town of Maiden, 19 N. Main Ave, Maiden, NC 28650

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: _____

Print Name: _____