

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

Town of Maiden

19 N. Main Ave.
Maiden, NC 28650
Telephone (828) 428-5002
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: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____ How long employed there? _____

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: _____