

# Town of Maiden

19 North Main Avenue  
Maiden, NC 28650  
(828) 428-5000  
(828) 428-5017 Fax



## Change to Utilities Request Form

\*\*\*\* Please note that the Town of Maiden requires a minimum of one business day to fulfill any change to utility request. \*\*\*\*

### Please Print

Name in which the utility/utilities are in: \_\_\_\_\_

Physical Address of the property where the utility/utilities are located:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ NC, 28650

Please choose which utility/utilities that your request applies:

\_\_\_ All Utilities \_\_\_ Water \_\_\_ Sewer \_\_\_ Electric \_\_\_ Other: \_\_\_\_\_

Date in which you are requesting to be effective: \_\_\_\_\_

Please give detailed instructions concerning your request of a change to the utility/utilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address in which the final bill and/or refund should be mailed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*\*\*\*\*

Please sign and date; by doing so you are requesting the Town of Maiden carry out the above instructions as it relates to your utility/utilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_