

In system _____
Amount of Deposit _____
Letter of Credit By _____
Credit Voucher Signed By _____
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: _____ Co-Applicant Name: _____

Service Address: _____

Mailing Address (If Different): _____

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

The Social Security number is collected from any person who may become a debtor of the Town of Maiden for purposes of Debt Setoff Collection, § G.S. 105A-3(c). This information may be used for debt collection procedures. The disclosure of the Social Security number is recommended but not required for the completion of this application.

Home/Cell Phone #: _____ Email Address: _____

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 services needed. Electric: _____ Water: _____ Sewer: _____ Trash/Recycle: _____

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. I have read the above information and agree to the terms of utility billing service with the Town of Maiden.

Applicant's Signature: _____ Date: _____

Co-ApplicantSignature: _____ Date: _____