

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) 428-5000  
Fax (828) 428-9087

### Commercial Utility Service Application

(PLEASE PRINT NEATLY)

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Service Address: \_\_\_\_\_

Catawba County Parcel ID# (If Known) \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Tax ID or Social Security Number: \_\_\_\_\_ Local Office Phone # \_\_\_\_\_

Home Office Phone # (If Different): \_\_\_\_\_

Do you lease? \_\_\_ or Own? \_\_\_ Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

At what address? \_\_\_\_\_ Where 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

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: \_\_\_\_\_