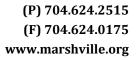
Marshville Town Hall 118 E. Union Street Marshville, NC 28103



UTILITY BILLING CHANGE FORM

TOWN OF MARSHVILLE

est. 1877

Services Used:		Water	Sewe	r 🗆	Garba	ge 🗆	Recycling
Applicant Name:							Date://
Authorized Contact		First	Middle	La	ist		—
Name(s):	Full name required (First, Middle, Last)						
Mailing							
Address:	Street Address						
Service Address:	Town, State, Zip Code						
(if different from above)							
Primary Phone No:	Alternate Phone No:						
		Social S	Security/	_		ID State &	
E-mail address:		Federa	I ID #: □	l		Number:	□
Account Type:	D S	Single Family	Residential	🗆 Multi	Family	Residential	□ Business
	Industrial I Institutional I Irrigation						
Are you a: 🛛 🗆 Ter	nant- provide rental	agreement		Name:			
□ Ov	vner- provide deed o	r closing stat	ement	Address	5:		
If you are the tenant				Phone:			
manayement	company and their co		lation	Phone:			
Employer Name:						Phone No:	
Employee Address:				Street Add	ress		
				wn, State, Z			
ownership or tenancy water and/or sewer	y and will be respons usage until service ir	sible for the n my name l	minimum m has been ter	onthly fee minated.	es and o I have	consumption also been pr	the Town of any changes in charges billed for garbage, rovided a copy of the utility
							ith all applicable ordinances cant who is indebted to the
							itstanding account with the
							y information is determined
							ecurity number is voluntary v taxes and any other debt
owed to the town in	the event it is not p	aid voluntar	ily. Providing	g your so	cial secu	urity number	will also allow the town to
							ethods necessary to satisfy
unpaid debts. Election	h not to provide a va	lid social sec	urity numbe	r will subj	ect the	customer to	a nigher deposit.
SIGNED				DAT	E		
		- OF	FICE USE		_		
	Accoun	t Set Up					Account Close
Account No.		GBG Ca	an	No	□Yes	Out Date	
Location No.		RYC Ca	in	□No	□Yes	Out Readin	g
In Date		Dancel	t Dogd			Deposit Rfd	
In Reading Begin Billing Date		Deposi			□Yes	(Date/Initials Forwarding	· · · · · · · · · · · · · · · · · · ·
Prorated # of Days		Deposi (Date/Ir				Address:	
, Town Limits	□ In □ Out	Draft P	ayment	□No	□Yes		
Rate Codes	/ / /	Staff Ir	nitials:				