

118 E. Union Street, Marshville, NC 28103 | Town Hall:704.624.2515 | Fax:704.624.0175

## APPLICATION FOR UTILITY SERVICES

**Application Type:** ☐ New Application ☐ Service Transfer ☐ Temporary Service (10 days or less)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Contact Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security/Federal ID No: \_\_\_\_\_ License/ID State No: \_\_\_\_\_

**Account Type:** ☐ Single Family Residential ☐ Multi Family Residential ☐ Business  
☐ Industrial ☐ Institutional ☐ Irrigation

Are you a: ☐ Tenant (Provide Rental Agreement) ☐ Occupant (Owner must provide letter of occupancy)  
☐ Owner (Provide Deed or Closing Statement)

If you are the tenant, provide the owner/property management company and contact information:

Owner: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Would you like to receive notification for upcoming Town/Community Events?: ☐ Yes ☐ No

If yes, provide your email: \_\_\_\_\_

I hereby make application for utility services at the location referenced above. I agree to notify the Town of any changes in ownership or tenancy and will be responsible for the minimum monthly fees and consumption charges billed for garbage, water and/or sewer usage until service in my name has been terminated. I have also been provided a copy of the utility policies and/or been directed where they have been posted for review and agree to comply with all applicable ordinances and policies. I further acknowledge the Town will refuse to furnish new service to an applicant who is indebted to the Town for service previously furnished by Town or if any member of the household has an outstanding account with the Town. I hereby certify that the above information is true to the best of my knowledge and if any information is determined to be inaccurate services may be terminated without further notice. Disclosure of your social security number is voluntary and will be used to facilitate credit reports and collection of water, sewer, garbage, property taxes and any other debt owed to the Town in the even it is not paid voluntarily. Providing your social security number will also allow the Town to claim payment on any unpaid bill through the NC Debt Setoff Program and other collection methods necessary to satisfy unpaid debts. Election not to provide a valid social security number will be subject the customer to a higher deposit.

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

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### OFFICE USE ONLY

#### Account Set-Up

Account Number: \_\_\_\_\_ Work Order Number: \_\_\_\_\_  
In Date: \_\_\_\_\_ In Reading: \_\_\_\_\_  
Begin Billing Date: \_\_\_\_\_ Prorated Days %: \_\_\_\_\_  
Town Limits: ☐In ☐Out Rate Codes \_\_\_\_\_  
GBG Can: ☐Yes ☐No RYC Can: ☐Yes ☐No  
SIF ☐ SCAN: ☐ LKSC: ☐ PROR: ☐ BB: ☐  
Deposit Required: ☐Yes ☐No Deposit Paid: Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Draft Payment: ☐Yes ☐No

Staff Initials: \_\_\_\_\_

#### Account Close

Work Order Number: \_\_\_\_\_ Out Date: \_\_\_\_\_ Out Reading: \_\_\_\_\_  
Deposit Refunded: ☐Yes ☐No Refund Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Forwarding Address: \_\_\_\_\_  
Removed From BB ☐

Staff Initials: \_\_\_\_\_