



APPLICATION FOR UTILITY SERVICES

Application Type: New Application Temporary Service (30 days or less)

Applicant/Business Name: _____	Cut-on Date: ___/___/___
<div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>	Cut-Off Date: ___/___/___
Service Address: _____	

Mailing Address: (If different) _____

Primary Phone No: _____	E-mail address: _____
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Social Security/Federal Id #: _____	License/ID State & #: _____
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Account Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	A/R Account #: _____
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If you are a commercial customer, please check yes or no for trash/recycle service. If "no" is selected a contract must be provided that confirms what recycling service will be utilized. Trash/Recycling: <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a: <ul style="list-style-type: none"> <input type="checkbox"/> Tenant - provide rental agreement <input type="checkbox"/> Occupant - owner must provide letter of occupancy <input type="checkbox"/> Owner- provide deed or closing statement
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<i>Official Designee: If you wish to authorize an individual, other than yourself, to discuss your account, list the individual's information below:</i> Name: _____ Phone #: _____	Security Question: For security purposes, the Town of Spring Lake will not discuss or allow requests for changes over the phone unless your identity is verifiable. Please answer (1) one of the following?
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Would you like to receive your utility bill by email? Check One: <input type="checkbox"/> No <input type="checkbox"/> Yes Email: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Mother's Maiden Name</td> <td style="width: 50%;"></td> </tr> <tr> <td>Name of High School</td> <td></td> </tr> </table>	Mother's Maiden Name		Name of High School	
Mother's Maiden Name					
Name of High School					

<p style="text-align: center;">Required Documents and Fees</p> <p><i>Application must be filled out completed, accurately and legibly in order to establish service. Application will not be processed without legible documentation. A deposit and a connect fee of \$20 is required for all accounts before service will be connected. Unexpired picture ID and Deed or Lease (rental) is required upon establishing service.</i></p> <p>Residential Deposit: \$200 Commercial Deposit: \$200 to \$2500 (depends on meter size)</p>	<p style="text-align: center;">Automatic Bank Draft</p> <p><i>Avoid the possibility of late charges or interruptions in service. Save time and money by using Automatic Bank Draft for payment of your monthly utility bill. Simply complete the Authorization Form below, attach a voided check from the account you wish to use for payment and we'll do the rest, at no extra charge to you.</i></p> <p>Opt in: <input type="checkbox"/> No <input type="checkbox"/> Yes - Fill out Authorization form on back.</p>
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Temporary water shall be for a period of 30 days only, no extensions and designated for landlords, homeowners, & realtor's only. A flat rate of \$25.00 will be charged to the account. Additional charges will apply when service requirements exceed 1,000 gallons. No turn on fee will be charged. If service is still needed after the 30-day period, a regular water account must be established, and a security deposit will be required. Bills not paid by the close of business on the 18th day of the month, or the first business day after, if the 18th falls on a weekend, will be assessed a late fee of \$50.00. The Town is not responsible for bills that are not delivered by USPS. If you do not receive your bill by the 5th day of the month, you should contact the Revenue Billing Division. We do not send 2nd notices. If you have a question regarding the charges on your bill, contact the Town of Spring Lake Billing & Collections Division at (910) 703-8912, during regular operation hours; Monday through Friday 8:00 AM EST to 5:00 PM EST.

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 water and/or sewer, and garbage (if applicable) 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 that 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, and any other debt owed to the town in the event 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 subject the customer to a higher deposit.

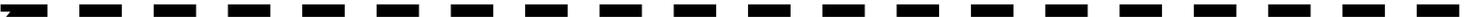
SIGNED: _____	DATE: _____
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Automatic Bank Draft Form

You will continue to receive a monthly bill and a message will appear on your bill: "DO NOT PAY THIS BILL. YOUR ACCT WILL BE DRAFTED ON OR AFTER...".

This is my authorization to the Town of Spring Lake to automatically debit the following account:

PERSONAL INFORMATION		
Name (Please Print)	Mailing Address	
Service Address	Name of Financial Institution	
Utility Account Number(s)	City, State, Zip	
Telephone Number	Bank Routing Number	Bank Account Number
E-mail address		







ATTACH COPY OF VOIDED CHECK HERE







I authorize the Town of Spring Lake Water Department to send my utility bill to the above-named financial institution for direct payment from my account each month for the balance owed. By submitting this authorization, I attest that I have reviewed and agree to the terms and conditions of the Town of Spring Lake Bank Draft Policy. This authorization will be in effect until I notify the Town that I no longer desire this service, allowing reasonable time to act on my notification.

Signature: _____

Date: _____

PLEASE RETURN TO THE WATER DEPARTMENT VIA IN PERSON OR BY MAIL



The Town of Spring Lake
 Water Department
 300 Ruth Street
 Spring Lake, NC 28390
 Phone: (910) 703-8912

waterdepartment@townofspringlake.com

FOR OFFICE USE ONLY

Date _____

Received CSR _____