



APPLICATION FOR UTILITY SERVICES

Town of Pilot Mountain • Public Utilities

124 West Main Street, Box 1 • Pilot Mountain, NC 27041

(P) 336.368.2248 • (F) 336.368.9532 • www.pilotmountainnc.org

Application Type: <input type="checkbox"/> New Application <input type="checkbox"/> Service Transfer <input type="checkbox"/> Temporary Service (10 days or less)	
Applicant Name: _____ <small style="text-align: center;">First Middle Last</small>	Date: ___/___/___
Authorized Contact Name(s): _____ <small style="text-align: center;">Full name required (First, Middle, Last)</small>	
Mailing Address: _____ <small style="text-align: center;">Street Address</small>	
Service Address: _____ <small>(if different from above)</small> <small style="text-align: center;">Town, State, Zip Code</small>	
Primary Phone No: _____	Alternate Phone No: _____
E-mail address: _____	Social Security/Federal ID #: _____ <small style="text-align: center;">(Staff initials - verified)</small>
	License/ID State & #: _____ <small style="text-align: center;">(Copy Onto Back of Application)</small>

Account Type: <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi Family Residential <input type="checkbox"/> Business <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Irrigation
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Are you a: <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 <i>If you are the tenant, please list the name of the owner/ property management company and their contact information</i>	Owner: _____ Contact: _____ Address: _____ Phone: _____
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Employer Name: _____	Phone No: _____
Employee Address: _____ <small style="text-align: center;">Street Address</small>	
	<small>Town, State, Zip Code</small>

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 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, garbage, property taxes 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: _____

- OFFICE USE ONLY -			
Account Set Up		Account Close	
Account No. _____		Out Date _____	
Location No. _____	GBG Can <input type="checkbox"/> No <input type="checkbox"/> Yes	Out Reading _____	
In Date _____	RYC Can <input type="checkbox"/> No <input type="checkbox"/> Yes	Deposit Rfd _____	
In Reading _____	Deposit Reqd <input type="checkbox"/> No <input type="checkbox"/> Yes	(Date/Initials)	
Begin Billing Date _____ / _____ / _____	Deposit Paid _____	Forwarding _____	
Prorated Days/% _____ / _____	(Date/Initials)	Address: _____	
Town Limits <input type="checkbox"/> In <input type="checkbox"/> Out	Draft Payment <input type="checkbox"/> No <input type="checkbox"/> Yes		
Rate Codes _____ / _____ / _____	Staff Initials: _____		