



UTILITY SERVICES ACCOUNT UPDATE FORM

Services Used: Water Sewer Garbage Recycling

Applicant Name: _____ Date: ____/____/____
First Middle Last

Authorized Contact Name(s): _____
Full name required (First, Middle, Last)

Mailing Address: _____
Street Address

Service Address: _____
(if different from above) Town, State, Zip Code

Primary Phone No: _____ Alternate Phone No: _____

E-mail address: _____ Social Security/Federal ID #: _____ ID State & Number: _____

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

Are you a: <input type="checkbox"/> Tenant- provide rental agreement <input type="checkbox"/> Owner- provide deed or closing statement	Name: _____ Address: _____ Phone: _____
<i>If you are the tenant, please list the name of the owner/ property management company and their contact information</i>	

Employer Name: _____ Phone No: _____

Employee Address: _____
Street Address

Town, State, Zip Code

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 from 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.	_____	GBG Can	<input type="checkbox"/> No <input type="checkbox"/> Yes	Out Date	_____
Location No.	_____	RYC Can	<input type="checkbox"/> No <input type="checkbox"/> Yes	Out Reading	_____
In Date	_____	Deposit Req'd	<input type="checkbox"/> No <input type="checkbox"/> Yes	Deposit Rfd (Date/Initials)	_____
In Reading	____/____/____	Deposit Paid (Date/Initials)	_____	Forwarding Address:	_____
Begin Billing Date	____/____/____	Draft Payment	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Prorated # of Days	_____	Staff Initials:	_____		
Town Limits	<input type="checkbox"/> In <input type="checkbox"/> Out				
Rate Codes	____/____/____				

Tape closed here, add stamp and place in the mail to return

Town of Pilot Mountain
ATTN: Public Utilities
124 West Main Street
Pilot Mountain, NC 27041

Place
Stamp
Here

Town of Pilot Mountain
124 West Main Street, Box 1
Pilot Mountain, NC 27041



Please complete this form and return to Town Hall.

It is important to keep account information up-to-date so that we may contact you if there is a planned or unplanned disruption of service, if we discover that higher than normal consumption is used, and so that important information can be delivered quickly. E-mail addresses will be used for billing communications such as e-billing & late notices.