

CITY OF MT. HOLLY
APPLICATION FOR UTILITIES

Residential Application

Name: First _____ MI _____ Last _____

SS# _____ Date of Birth _____ Drivers Lic # _____

Name as it appears on Social Security Card _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email: _____

Note: If this is a rental home, please list landlords name, address and phone number below:

Landlord Name: _____ Address: _____

Phone Number: _____

Co-Applicant Information

First Name _____ MI _____ Last _____

SS # _____ Date of Birth _____ Drivers Lic # _____

Home Phone _____ Work Phone _____ E-mail _____

The social security number is collected from any person who may become a debtor for purposes of Setoff Debt Collection, G.S. 105A-3(c). The information may be used for collection.

The utility bill is due on the 16th of every month. Bills not paid by the 16th will be assessed a \$15.00 late fee. Accounts that are still in the arrears as of 5:00 PM on the 26th of the month will be subject to an additional delinquent penalty of \$30.00 and disconnection of service. Failure to receive a bill in the mail does not excuse your responsibility for timely payment or prevent disconnection of service.

I have read this agreement and I agree to these terms.

Signature _____ CoApplicant _____

Date _____

OFFICE USE ONLY

Account # _____

Deposit _____

Turn On Date _____

Reading _____

Work Order # _____

Completed _____