

CITY OF STATESVILLE UTILITY APPLICATION

Copy of Driver License and Rental Agreement or Proof of Ownership Required
We provide next business day service

Applicant's Legal Name _____ Telephone # _____

Social Security # _____ Driver's Lic #: _____ Date of Birth _____

Name of Spouse/Roommate _____ SS# _____ Driver's Lic _____

Do you (check one) _____ Own Residence _____ Rent Residence

Utility Start Date _____

SERVICEADDRESS _____

Electric _____ Water _____ Sewer _____ Stormwater _____

Mailing Address if Different from Service Address _____

Have you ever had service with the City of Statesville before (check one) _____ Yes _____ No

If so, where and when? _____

NAME OF OTHER ADULTS LIVING AT THIS ADDRESS _____

We offer Bank Draft as a form of payment. Would you like to sign up today? _____ Yes _____ No

The draft will occur on the due date of your first monthly bill. You will see "AUTO- DRAFT" in the payment type section on your bill.

Auto Draft: COPY OF VOIDED CHECK REQUIRED. To stop a draft or change bank Information on draft customer needs to come in the office or fax a request to stop draft at least 7 days before drafting DUE date This will give the City of Statesville enough time to stop your draft or change information before we send to our bank

We offer E-billing. You will receive your first bill in about 6-8 weeks. Information will be provided in the green box on the left-hand side of the bill to register to receive your bill electronically.

I hereby make application for utility services at the premises indicated for residential purposes only I agree with the applicable ordinances of the City of Statesville regarding the provision of utility services, including those relating to deposits and other charges

I understand that the information on this application will be verified and If determined inaccurate will result in the termination of service without prior notice. I also understand that the information on this application will be used to check credit to determine security deposit and aid in collecting delinquent accounts. The City of Statesville will submit the SSNs of delinquent customers, along with other pertinent information to the State's set-off debt collection program to recover past due utility bills

Check my credit: _____yes _____ no

I understand that when I vacate the premises, it is my responsibility to notify the City of Statesville so that services may be transferred to the new occupant. I understand that if I fail to do so I will be responsible for all charges incurred until I notify the City of Statesville.

Applicant's signature _____ Date _____

Customer Service Representative _____ Date _____

Account Number _____

Co-Signer _____ Yes _____ No Amount: \$ _____

Name and Account # _____

Delinquent Account: _____ Amount owed: _____

Security Dep: \$ _____ CF: \$ _____
Letter of Credit: _____ Yes _____ No