



UTILITY SERVICE APPLICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PRIMARY PHONE #
SERVICE ADDRESS			EMPLOYER NAME
MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS)			DRIVER'S LICENSE OR ID # AND STATE

***SOCIAL SECURITY NUMBER** **Disclosure of your social security number is voluntary. The Town of Morehead City is authorized to request this number under N.C.G.S. 143-64-60 (b) and 132-1-10 (b and c). Social security numbers are used only for the collection of debts owed to the Town of Morehead City and for verification of your utility account.*

SERVICE AGREEMENT

I agree to pay for this service in accordance with the rates, rules, regulations and ordinances of the Town of Morehead City. I agree to pay for all services in accordance with the Schedule of Fees as amended periodically. I understand that if my utility bills are not paid in accordance with the established rates, rules, regulations, and ordinances I will be subject to late fees, interest penalties, disconnection fees, and any other applicable fees as well as termination of service. I understand that tampering with the water/sewer system or receiving service without paying is a crime. I understand that I may not contract any person or business to perform services on the City's utility system and that any costs associated with such contract will be my responsibility to pay. The required deposit is noninterest bearing and is applied to the final account balance upon closure of the account and that the service fee is a non-refundable fee for connection.

APPLICANT SIGNATURE	REQUESTED SERVICE START DATE	TODAY'S DATE
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FOR EMPLOYEE USE ONLY

SERVICE START DATE: _____	ROUTE/SEQUENCE: _____ - _____	TRASH INCLUDED? YES <input type="checkbox"/> NO <input type="checkbox"/>
CUSTOMER SERVICE REP: _____	WORK ORDER #: _____	TEMP ACCOUNT? YES <input type="checkbox"/> NO <input type="checkbox"/>

REQUEST FOR DISCONNECTION OF SERVICE

SIGNATURE: _____ DISCONNECT DATE: _____ TODAY'S DATE: _____ WORK ORDER #: _____

FORWARDING ADDRESS: _____
