



# Town of WALLACE

North Carolina

## Utility Application

OFFICE USE ONLY

Acct #: \_\_\_\_\_

Route #: \_\_\_\_\_

Seq #: \_\_\_\_\_

Read: \_\_\_\_\_

Meter #: \_\_\_\_\_

Temporary Service       New Service       Update

Date of Application: \_\_\_\_\_

Date Service Begins: \_\_\_\_\_

Service Address: \_\_\_\_\_

Customer/Business Name: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ eBill:  Yes       No

Driver's License #: \_\_\_\_\_ Fed. Tax ID #: \_\_\_\_\_ \*SS #: \_\_\_\_\_

Customer's Previous Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Own       Rent      Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of relative not living with you: \_\_\_\_\_

Address of relative: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Request of social security number is permitted by North Carolina State Law. The social security number will be used to facilitate collection of your utility bill if you do not pay the bill voluntarily. Using it will allow the Town of Wallace to claim payment from your unpaid bill from any state income tax refund that might be owed to you.

*A NON-REFUNDABLE new account fee will be required. There may be a monthly sanitation charge and storm drainage charge added to your bill. All bills are due by the 10<sup>th</sup> of each month. Our office hours are Monday – Friday from 8:00 am until 5:00 pm. A night drop box is available for after-hour payments. All payments received after 5:00 pm will be credited to the next business day. If funds are not in our office by 5:00 pm on the 15<sup>th</sup> of the current month, a late fee will be added to your account and water service may be disconnected. All fees are subject to change.*

Fees	
In-Town Residential	\$60.00
Out-of-Town Residential	\$120.00
In-Town Commercial	\$100.00
Out-of-Town Commercial	\$200.00
Late Fee	\$50.00

*I have read, understand and agree with all of the foregoing town policies.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date