



OFFICE USE ONLY		
Account#		
Meter #	EL	
Meter #	WA	
Readings	EL	
	WA	

PREPAID APPLICATION FOR SERVICE

PLEASE PRINT

CUSTOMER NAME: _____ DATE: _____

SERVICE LOCATION: _____ MAIL ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

SOCIAL SECURITY#: _____ DRIVER LIC. # _____ ISSUING STATE: _____

We will assist you with the following answers:

SERVICES REQUESTED: _____ ELECTRICITY _____ GARBAGE CARTS

_____ NO. AREA LIGHTS _____ WATER _____ SEWER

I understand that the Town requires in-town garbage service. I understand that it is my responsibility to keep a credit balance on my account at all times. If I have been disconnected, I understand that a minimum payment of \$25 is due along with any overage that I have accumulated. I understand that I will be liable for any fee or charge assessed to this account, and for any unlawful tampering with and/or damage to the service lines or meter owned by the Town of La Grange. I will notify the Town of La Grange I am moving from the service address and provide a forwarding address. If a balance is left owing, the Town may use my social security number to aid in the collection of delinquent public enterprise utility debts, including using the State's Debt Set-Off program under G.S. Ch. 105A. Also, the Town may use this number to aid in the verification of my identity in an effort to protect me against identity theft.

By signing below, I certify that all above information provided is true and accurate at the time of this application; it is my responsibility to notify the Town of La Grange of any changes to the above information. I must keep an active phone number or email address in order to receive alerts in a timely manner.

Customer: _____ Date: _____

Town Employee: _____ Date: _____