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

# APPLICATION FOR TRADITIONAL SERVICES

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 all charges on the account are my responsibility and must paid in full after services have been disconnected and final billed. I understand that the utility bills are due no later than 5:00 p.m. on the 15th of each month; a late fee of $10.00 will be assessed for late payment, and if not paid by 5:00 p.m. on the 20th of the month, services will be disconnected and an additional fee of $50.00 will be assessed. I understand that I will be liable for any fee or charge assessed to this account for unlawfully tampering with and/or damage to the service lines owned by the Town of La Grange. When I move from this service address, I will notify the Town of La Grange and will 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 by me 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.

Customer: _____ Date: _____

Town Employee: _____ Date: _____