



APPLICATION FOR SERVICE

PERSONAL INFORMATION:

NAME: _____

SSN: _____

PHONE: _____

EMAIL ADDRESS: _____

OTHER CONTACT:

NAME: _____

SSN: _____

PHONE: _____

EMAIL ADDRESS: _____

Would you prefer bills to be emailed or printed? (circle one)

SERVICE INFORMATION:

STREET ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP CODE: _____

CUSTOMER BILLING INFORMATION:

- A. Utility charges are the legal responsibility of the above party. A customer will remain responsible for any utility charges until a properly completed Application for Termination of Service is accepted by a City of Lincolnton Customer Service Representative.
- B. Failure to pay utility charges when due, will result in late and/or default fees, disconnection of services, and legal action.
- C. Original bills will be mailed to the responsible party, at the address specified on this form. To change the address, please provide written notification to a City of Lincolnton Customer Service Representative.

Customer's Approval:

The undersigned certifies that the above billing contact information is correct, and the documents provided at the time of signing are real and accurate. He/She has read and understands paragraphs A, B and C under the section captioned "Customer Billing Information" and he/she has received the New Customer Information Sheet.

Print Name: _____

Signature: _____ Date: _____

FOR CITY USE ONLY

DATE RECEIVED: _____ SERVICE START DATE: _____ EMPLOYEE INITIALS: _____ NOTES: _____

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