

MAIDEN

LIVING MADE EASY

19 North Main Avenue
Maiden, NC 28650
(828) 428-5000
(828) 428-5017 Fax

Change to Utilities Request Form

****** Please note that the Town of Maiden requires a minimum of one business day to fulfill any change to utility request. ******

Please Print

Name in which the utility/utilities are in: _____

Physical Address of the property where the utility/utilities are located:

_____ City: _____

Please choose which utility/utilities that your request applies:

All Utilities Water Sewer Electric Other: _____

Date in which you are requesting to be effective: _____

Please give detailed instructions concerning your request of a change to the utility/utilities:

Address in which the final bill and/or refund should be mailed:

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Please sign and date; by doing so you are requesting the Town of Maiden carry out the above instructions as it relates to your utility/utilities.

Signature _____ Date _____