Amount of Deposit _____

Letter of Credit By _____

Credit Voucher Signed By _____

Account #:_____

MAIDEN

LIVING MADE EASY

Residential Utility Service Application

Name: _____ Co-Applicant Name: _____

Service Address: _____

Mailing Address (If Different): _____

Social Security #: _____ Driver's License #:_____ State:_____

The Social Security number is collected from any person who may become a debtor of the Town of Maiden for purposes of Debt Setoff Collection, § G.S. 105A-3(c). This information may be used for debt collection procedures. The disclosure of the Social Security number is recommended but not required for the completion of this application.

Home/Cell Phone #: _____ Email Address:_____

Do you Rent? _____ or Own? ____ Landlord: _____ Phone #: _____

Have you had service with the Town of Maiden before? Y____ N_____ What address? _____

Do you owe any money for an old bill? Yes_____ Amount $_____ No _____

Please check services needed. Electric: _____ Water: _____ Sewer: _____ Trash/Recycle: _____

Connect Date: _____

Bank Draft: The Town of Maiden offers the convenience of having your utility bill drafted from your checking account at no additional cost. Do you prefer this option? _____Yes_____No
IF YES, please attach a voided check or letter from bank confirming your routing and account number.

Please take proper steps to ensure the safety of your property before your service(s) are connected or disconnected. Make sure all appliances and faucets are turned off. Although someone does not have to be at your property before we will connect or disconnect your service(s), it is highly recommended. Please note that the Town of Maiden will not assume any liability for any damage done to your property from the result of connecting or disconnecting your service(s) because any appliances and/or faucets were not turned off. I agree to indemnify and hold harmless the Town of Maiden for all liability arising from these services being connected or disconnected.

I warrant that the above information furnished for the purpose of obtaining utility service with the Town of Maiden is true and complete. I understand that any false statement can result in disconnection of my utility service at any time. I have read the above information and agree to the terms of utility billing service with the Town of Maiden.

Applicant's Signature: _____ Date:_____

Co-ApplicantSignature:_____Date:_____

Please make all checks payable to: Town of Maiden