



APPLICATION FOR SERVICE

Property and Applicant Information:

- 1) Full name, mailing address, home telephone and business telephone numbers of responsible party receiving service (if married, provide name of spouse):

Name: _____

If business, name of contact: _____

If married, name of spouse: _____

Billing address: _____

1st phone: _____ 2nd phone: _____

- 2) Street Address of property receiving services: _____

CUSTOMER BILLING INFORMATION

PLEASE NOTE:

- 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: _____

EMPLOYEES INITIALS: _____

RT/SEQ: _____

114 WEST SYCAMORE STREET · P.O. BOX 617 · LINCOLNTON, NORTH CAROLINA 28093-0617
PHONE (704) 736-8980