



APPLICATION FOR SERVICE

Property and Applicant Information:

1) Street Address of property receiving services: _____

2) Name(s), social security number (s), billing address, telephone numbers, email address:

Name: _____ Social security number: _____

If business, name of contact person: _____

Additional contact person allowed access to account:

_____ Last four of their SSN: _____

Billing address (if different from property address):

1st phone: _____ 2nd phone: _____

Email address: _____

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: _____ RT/SEQ: _____ EMPLOYEE INITIALS: _____