

UTILITY APPLICATION FOR THE TOWN OF STANTONSBURG, NC

DATE: _____ PREVIOUS SERVICE PROVIDER: _____

NAME: _____

IF BUSINESS, NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

HAVE YOU OR ANYONE ELSE THAT WILL BE LIVING WITH YOU HAD UTILITIES WITH THE TOWN OF STANTONSBURG IN THE PAST? _____ IF SO WHO? _____

TELEPHONE #: _____

OTHER CONTACT #: _____

SOCIAL SECURITY #: _____ DL #: _____

BUYING OR RENTING FROM: _____ PHONE #: _____

EMPLOYED BY: _____ PHONE #: _____

EMAIL ADDRESS: _____

GENDER: MALE _____ FEMALE _____

RACE: WHITE _____ AFRICAN AMERICAN _____ ASIAN _____ AMERICAN INDIAN/ALASKAN NATIVE _____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____

ETHNICITY: NON HISPANIC _____ HISPANIC OR LATINO _____

The undersigned hereby make application for utility services indicated and agree to observe the rules and regulations of the TOWN OF STANTONSBURG regarding class of service rendered and to comply with all applicable codes and ordinances of the "TOWN OF STANTONSBURG". Any false information given on this application would be grounds for refusal of service rendered or disconnection of instated services.

SIGNED: _____

DATE: _____

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER