



Town of Forest City APPLICATION FOR UTILITIES

P.O. Box 728
128 North Powell Street
Forest City, North Carolina 28043
Phone: (828) 245-0148
townofforestcity.com

OFFICE USE ONLY

ACCOUNT NO: _____

WATER DEP: \$25 ELEC DEP: \$100 TRANSFER: \$30

ELEC CONN: PERMANENT: \$30 TEMPORARY: \$25

WATER CONN: \$800 COUNTY FUNDED: \$750

SEWER CONN: \$750 SADDLE: \$50

STREET CUT/PAVE: HALF: \$300 FULL: \$600

SIDEWALK DINING/BLDG PERMIT: \$50

DATE PAID: _____ AMOUNT PAID: _____

DATE: _____

NEW ACCOUNT

RENT/LEASE/RENT-TO-OWN TEMP CONNECTION

NAME CHANGE

TRANSFER SERVICES

DISCONNECT SERVICES

WORK ORDER

OWNER/LANDLORD

RESIDENTIAL

COMMERCIAL

BUSINESS LICENSE

APPLICANT (SOLICITATE)/ CO-APPLICANT(CO-SOLICITANTE)/BUSINESS (EMPRESA) INFORMATION

LAST NAME (APELLIDO):

FIRST NAME(NOMBRE):

MIDDLE NAME:

SSN/TAX ID (SEGURO SOCIAL):

WORK REQUESTED BY:

SS# VERIFIED

BUSINESS NAME:

DATE OF BIRTH (FECH DE ACIMIENTO):

DRIVERS LICENSE #(NO. DE LICENCIA):

STATE(ESTADO):

TYPE OF BUSINESS TO BE CONDUCTED AT THIS LOCATION (BUSINESS LICENSE APPLICANTS ONLY):

SERVICE ADDRESS (DIRECCION PARA LA CUAL SOLICITA SERVICIO):

ACCT #:

"C" DATE:

MAILING ADDRESS (DIRECCION POSTAL):

CITY (CIUDAD):

STATE(ESTADO):

ZIP CODE (CODIGO POSTAL):

PRIMARY PHONE (NUMERO DE TELEFONO PRIMARIO):

SECONDARY PHONE (NUMERO DE TELEFONO SECUNDARIO):

EMPLOYER(NOMBRE DE EMPLEADOR):

CO-APPLICANT/SPOUSE(CO-SOLICITANTE) :

DATE OF BIRTH (FECH DE NACIMIENTO):

SSN(SEGURO SOCIAL):

ADDITIONAL ROOMMATE INFORMATION (18 YEARS OR OLDER)(información adicional del compañero de cuarto):

NAME(NOMBRE):

SS#(SEGUROSOCIAL):

DOB: (FECH DE ACIMIENTO):

NAME(NOMBRE):

SS#(SEGUROSOCIAL):

DOB: (FECH DE ACIMIENTO):

HAVE YOU BEEN A PREVIOUS CUSTOMER OF FOREST CITY UTILITIES(HA SIDO CLIENTE PREVIO DEL DEPT DE SERVICIOS PUBLICOS DEL TOWN OF FOREST CITY): _____ YES _____ NO

IF YES, WHAT NAME AND ADDRESS(SI CONTESTO SI, QUE NOMBRE USO) :

OWNER/LANDLORD INFORMATION

(RENTANANDO LA PROPIEDAD, ESCRIBE EL NOMBRE DEL DUENO Y SU NUMERO DE TELEFONO)

NAME
(NOMBRE):

PHONE # (NUMERO DE TELEFONO):

ALL SERVICES ARE SUBJECT TO DISCONNECT WHEN MONTHLY BALANCE IS PAST DUE WITHOUT NOTICE-

Monthly utility statements serve as notice of possible disconnection.

INFORMATION ON THIS ACCOUNT WILL NOT BE GIVEN TO ANYONE NOT NAMED ON THIS ACCOUNT.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

APPLICANT'S NAME: _____ ACCOUNT #: _____

(OFFICE USE ONLY) SERVICE CONNECTION/DISCONNECTION/ TRANSFER INFORMATION

| | | | |
|----------------------------------|------------------|--|------------------|
| SERVICE ADDRESS: | | CONNECTION/DISCONNECTION DATE: | |
| WATER METER SERIAL #: | | ELECTRIC METER SERIAL #: | |
| PREVIOUS READING: | CURRENT READING: | PREVIOUS READING: | CURRENT READING: |
| TRANSFER ACCOUNT #: _____ | | DEMAND READING: | |
| SERVICE ADDRESS OFF (TRANSFER): | | DISCONNECTION DATE FOR OFF (TRANSFER): | |
| WATER METER SERIAL # (TRANSFER): | | ELECTRIC METER SERIAL # (TRANSFER): | |
| PREVIOUS READING: | CURRENT READING: | PREVIOUS READING: | CURRENT READING: |

NOTES: _____

