



Town of Louisburg **Commercial Utility Application**

110 W Nash St. Louisburg, NC 27549

Office: 919-496-3406 Fax: 919-496-6319

[www.townoflouisburg.org](http://www.townoflouisburg.org)

Applications accepted 8:30 AM – 3:00 PM

**A Legal Photo ID (such as a Valid Driver's License, Government Issued ID or Passport) is required to establish service.**

**Electric Deposit and/or Water Deposit are based on location of property. This information is determined by the Customer Service Department.** A processing fee of \$12.00 is due for all new accounts. Application must be filled out completely, accurately & legibly in order to establish service. Any applications received after 3:00pm will be processed the next business day. Customers who fax applications will receive a phone call if a deposit is needed.

APPLICATION TYPE:  New Application  Service Transfer  Temporary Service (90 days or less)  
 OCCUPANCY STATUS:  Rent (Include Lease)  Own (Include Buyer's Statement)  Builder/Contractor/Realtor  
 Other: \_\_\_\_\_  
 Utility Service Start Date: \_\_\_\_\_ Previous Louisburg Address: \_\_\_\_\_  
 New Account Number: \_\_\_\_\_ Previous Account Number: \_\_\_\_\_

**BUSINESS INFORMATION**  
 SERVICE ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_  
 \*BUSINESS NAME: \_\_\_\_\_  
 FULL LEGAL BUSINESS NAME: \_\_\_\_\_  
 MAILING/ BILLING ADDRESS (If different from service address): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 SS#/ FEDERAL TAX ID/ EIN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
 BUSINESS PHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELLULAR #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OTHER #: \_\_\_\_\_  
 TYPE OF BUSINESS (retail, restaurant, bank, etc.): \_\_\_\_\_ WEBSITE/EMAIL: \_\_\_\_\_  
 OWNER OF BUSINESS: \_\_\_\_\_  
 \*EMERGENCY CONTACT/MANAGER/MEMBER OF STAFF: \_\_\_\_\_  
 BUSINESS PHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELLULAR #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OTHER #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROPERTY OWNER / LANDLORD/ MANAGEMENT INFORMATION**  
 PROPERTY ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_  
 \*PROPERTY OWNERS NAME: \_\_\_\_\_  
 MAILING / BILLING ADDRESS (If different from service address): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTACT PHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BUSINESS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 SS # / FEDERAL TAX ID #: \_\_\_\_\_ - \_\_\_\_\_ PURCHASED PROPERTY DATE: \_\_\_\_\_

\*\*The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 Race:  
 American Indian/Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other  
 Gender:  Female  Male

**\*If someone other than a Town Employee damages the meter box or its contents, the customer on record will be responsible.** In applying for service I acknowledge that a credit report may be ordered to determine eligibility or deposit requirements. I verify that to the best of my knowledge the above information is correct. I certify that I am responsible for this account and that all bills must be paid and received on or before 5:00pm on the due date to avoid penalty. Not receiving a bill does not excuse the fees. I also understand that if I move out of the listed address, I am required to contact the Louisburg's customer service department and/or complete a disconnect request. I understand that I am responsible for all bills until such time as the disconnection is completed and submitted.  
 \*Customers must insure all inside plumbing is shut off. Any damage as a result of open faucets or leaks inside the property is the customer's responsibility. I acknowledge if the meter shows unusual usage that is considered above normal, it may be turned back off and my presence will be required for connection of service.  
 \_\_\_\_\_ Customers initials

FOR OFFICE USE ONLY REV 08-20:  
 Deposit Amount: \_\_\_\_\_ Solid Waste/ Trash Pick Up  Yes  No  
 Draft Utility Account:  Yes  No Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_