



Town of Louisburg **Residential Utility Application**

110 W Nash St. Louisburg, NC 27549
 Office: 919-496-3406 Fax: 919-496-6319
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 (5 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: _____

APPLICANT INFORMATION

SERVICE ADDRESS: _____ APARTMENT #: _____
 *APPLICANT'S NAME: _____

MAILING/ BILLING ADDRESS (If different from service address): _____ Full Legal Name _____ CITY: _____ STATE: _____ ZIP: _____
 SOCIAL SECURITY / FEDERAL TAX ID #: _____ - _____ - _____ DATE OF BIRTH: _____
 DRIVER'S LICENSE #: _____ STATE: _____
 HOME PHONE #: _____ - _____ - _____ CELLULAR #: _____ - _____ - _____ EMAIL ADDRESS: _____
 EMPLOYER NAME/PHONE: _____
 *EMERGENCY CONTACT / SPOUSE / ROOMMATE: _____
 HOME PHONE #: _____ - _____ - _____ CELLULAR #: _____ - _____ - _____ WORK #: _____ - _____ - _____
 ADDRESS: _____ EMAIL: _____

PROPERTY OWNER / LANDLORD/ MANAGEMENT INFORMATION

PROPERTY ADDRESS: _____ APARTMENT #: _____
 *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 ON: _____

**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: _____