

Town of Elkin

TOWN MANAGER
John W. Holcomb

TOWN ATTORNEY
Raymond A. Parker



MAYOR
Lestine H. Hutchens
COMMISSIONERS
Terry Kennedy
J. L. Lowe, Jr.
Cicely McCulloch
Bob Norton
Dr. Skip Whitman

APPLICATION FOR RESIDENTIAL UTILITY SERVICE

Applicants Legal Name: _____

Name of Spouse (as applicable): _____

Service Address: _____

Mailing Address (if different from service address): _____

Date of Service: _____

Telephone Number: (____) ____ - _____

Cell Phone Number: (____) ____ - _____

Email Address: _____

Do you Own or Rent this Property? Own Rent

Name, Address and Phone # of Landlord (as applicable): _____

(____) _____

Have you had service with the Town of Elkin before? Yes No

If so, when and address? _____

Does this residence have a recycling cart? Yes No

Does this residence have a garbage cart? Yes No

Present Employer: _____ Work # (____) _____

Spouses Employer (as applicable): _____ Work # (____) _____

* Social Security #: _____ Driver's License _____

Service requested: Water Garbage/Recycling Bank Draft

Deposit Received: Cash Check Other Amount of Deposit \$ _____

PO Box 857 • Elkin, NC 28621 • (336) 794-6464 • FAX (336) 794-6495 • TDD (336) 835-9854
www.elkinnc.org

I assume full responsibility for the utility services used at this residence from this date _____, until I notify the Town of Elkin to discontinue this service. (Customer must come by Utilities Office to have service disconnected.)

I understand that with residential garbage collection, I will be charged a garbage collection fee as well as a recycling fee, regardless of whether or not I choose to actively participate.

*** I understand the Town of Elkin will use my Social Security for a credit check to determine deposit amount and as an attempt to collect a debt. Your Social Security Number will remain confidential and not be given out except as necessary for Credit Verification and/or Debt Collection Services. If you withhold your Social Security Number, the Town of Elkin cannot refuse to provide you services; however, you will be required to make a deposit before receiving services as the Town will be unable to verify your credit rating.**

I agree to be informed of past due balances and/or possible disconnection of service by means of automated emails, cell phone or land-lines in lieu of paper notification.

Customer agrees to pay the cost of any collection efforts, including reasonable attorney fees.

Customer Signature

Date

Fax to 336-794-6495 or email to khembree@elkinnc.org.

For office use only

Work Order # _____ Rt/Seq: _____