



**CITY OF HAVELOCK CUSTOMER SERVICE
APPLICATION FOR UTILITY SERVICE**

US GOVERNMENT ISSUED PHOTO IDENTIFICATION REQUIRED

TODAY'S DATE: _____			
APPLICANT		CO-APPLICANT	
NAME (FIRST) _____ (LAST) _____		NAME (FIRST) _____ (LAST) _____	
SOCIAL SECURITY # OR TIN* _____	PHONE # _____	SOCIAL SECURITY #* _____	PHONE # _____
DRIVERS LICENSE # AND STATE _____	CELL PHONE # _____	DRIVERS LICENSE # AND STATE _____	CELL PHONE # _____
E-MAIL ADDRESS (NON-MILITARY ONLY) _____			
I wish to receive water bill by email: NO ___ YES ___			
DATE OF BIRTH (APPLICANT) _____		DATE OF BIRTH (CO-APPLICANT) _____	
SERVICE ADDRESS _____		DATE OF ACTIVATION: (Month, Day, Year) _____ / _____ / _____	
OWN <input type="checkbox"/> RENT <input type="checkbox"/> (If renting, property owner or manager's name & phone #) _____			
YOUR MAILING ADDRESS (Only if it is different than the property address)			
_____ CITY: _____ STATE: _____ ZIP: _____			
Have you been a previous customer? YES _____ NO _____			

**For same day service,
please complete, submit,
and have fees paid by 4:00**

This credit application for water, sewer and solid waste service shall constitute a contract between the Applicant(s) and the City of Havelock. The information on the application will be used as a personal identifier for internal records and collection purposes including Debt Set-Off authorized by G.S.105A-3. I may refuse to provide my Social Security number, however by doing so; this will result in paying the highest deposit. I agree to be responsible for the water, sewer and trash charges at the location designated above until such time that I request in writing to discontinue service. Paying a Security Deposit does not relieve me of the obligation to pay a bill when due nor prevent service from being terminated for non-payment of bills. I have read and understand the activation fee, billing process, due date, late penalty, disconnect date and delinquent fee. I understand that a 24-hour notice is required for service. I either own or rent the above-mentioned property and I am authorized to establish services. I also understand that the City of Havelock ordinance does not allow me to tamper with the meter and that doing so may result in a fee. I have read and understand the above.

A deposit shall be refunded to the user upon the earlier to occur of thirty-six (36) months of uninterrupted service to the user with all fees paid by the end of the period, or termination of service for any reason. The deposit refund shall be credited to payment for service with any balance remaining after termination of service to be paid to the user. Upon termination of service, any refund or balance due amounts of \$5 or less will be written off and shall not be refunded or billed to a user.

CUSTOMER SIGNATURE: _____	CO-APPLICANT SIGNATURE: _____
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This institution is an equal opportunity provider and employer.

*****OFFICE USE ONLY*****

ACCT #: _____ CID: _____ SERVICES CHECKED BY: _____ SCANNED _____ ATTACHED _____

ACTIVATION FEE

DEPOSIT FEES

PHOTO ID VERIFIED

\$32.25

\$0

DRIVER'S LICENSE

PASSPORT

EMAIL

\$150.00

MILITARY ID

STATE ID

PRINT

\$300.00

Revised Date: 6/17/2022 Employee Initials: KW

SPONSOR INFORMATION

A sponsor may guarantee an account, thereby waiving the deposit; however, the activation fee of \$32.25 will apply. To be an eligible sponsor, the following criteria must be met. Sponsor must have an active water/sewer account with the City of Havelock for at least 12 consecutive months and be in good standing (on time payments, no returned checks, penalties, disconnects, or extensions)

- Sponsor agrees to guarantee payment of all accounts they sponsor, in addition to their personal accounts for a period of 36 months. Sponsor assumes responsibility for late penalty and/or delinquent fee, if payment is late/not received for any/all account(s) they have guaranteed. Unpaid balances on sponsored accounts will be applied to the personal account of the Sponsor.
- Sponsor reserves the right to terminate the account if disconnected and not paid within 48 hours, or next business day.
- If account is terminated either by the sponsor or the City of Havelock the sponsored customer agrees to pay the required deposit within 15 days to avoid disconnection.

SPONSOR APPLICATION

DATE: _____

Name: _____ CID: _____ Date of Birth: _____
Month Day Year

Service Address: _____

Mailing Address (*if different from service address*):

Phone: _____ Cell: _____

SS#: _____ Driver's License: _____

Sponsor; please indicate if your consent is given to allow the Account Holder permission to transfer service from the address listed below to a different address.

_____ Grant Permission to Transfer Service to another address _____ Decline Permission to Transfer Service to another address

I have read the above information and agree to abide by the terms of the sponsored account as listed

Sponsor Signature: _____

Sponsored Consumer Signature: _____

******* Office Use Only *******

DEPOSIT DEPEND _____ SYMBOLS ADDED BY _____ ACCOUNT HISTORY VERIFIED _____

Sponsored Account

Account: _____ CID: _____ Name & Address of the sponsored customer: _____
