



Date: _____

CITY OF HAVELOCK CUSTOMER SERVICE
APPLICATION FOR UTILITY SERVICES
US GOVERNMENT ISSUED PHOTO IDENTIFICATION IS REQUIRED

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 TO TURN ON	

OWN
 RENT (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 _____

If yes, what address? _____

**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.

CUSTOMER SIGNATURE: _____ CO-APPLICANT SIGNATURE: _____

This institution is an equal opportunity provider and employer.

*** Office Use Only***

ACCT #: _____ CID: _____ SERVICES CHECKED BY: _____ SO NUMBER: _____

ACTIVATION FEE

DEPOSIT FEES

PHOTO ID VERIFIED

\$29.25 _____ \$0 _____ DRIVER'S LICENSE _____ PASSPORT
 EMAIL _____ _____ \$150.00 _____ MILITARY ID _____ STATE ID
 PRINT _____ _____ \$300.00

SPONSOR INFORMATION

A sponsor may guarantee an account, thereby waiving the deposit; however, the activation fee of \$29.25 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

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:
