Town of Burgaw
Application for Utilities
RESIDENTIAL

Town of Burgaw, NC
109 North Walker Street
Burgaw, NC 28425
(910) 259-2151
Fax: (910) 259-6644
customer.service@townofburgaw.com

☐ **I am interested in signing up for Automatic Draft**
(Please fill out Automatic Draft Authorization form)

☐ **I want to sign up for paperless billing**
(Email provided below will be used)

Service Address: _____

First Name: _____ Last Name: _____

Date of Birth: _____ *Race: _____ Drivers Lic #: _____ State: _____

**SS #: _____ Name as it appears on SS Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____
Please provide your primary email address if you are signing up for paperless billing.

Co-Applicant Information

First Name: _____ Last Name: _____

Date of Birth: _____ *Race: _____ Drivers Lic #: _____ State: _____

**SS #: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

If this is a rental home, please list landlord's name, address and phone number below:

Landlord Name: _____ Address: _____ Phone Number: _____

** Race information is required to be gathered by federal law in order to insure compliance that services are provided to any and all people regardless of race, color, natural origin, sex, age and/or disabilities.*
*** The social security number is collected from any person who may become a debtor for purposes of Setoff Debt Collection, G.S. 105A-3(c). The information may be used for collection.*
***** *All information above must be completed in order for the required credit check to be performed. Applicant must pay $5.00 for credit check.*

"This institution is an equal opportunity employer"
"Esta institucio'n es un proveedor de servicios con igualdad de oportunidades."
Hearing Impaired: Please dial 711

All utility bills are due by the 10th of the month. We do allow a grace period in which you can pay your bill by 5:00 PM on the 15th. If we have not received your payment in Town Hall by 5:00 PM on the 15th, a $35.00 administrative fee is imposed on all delinquent accounts. Administrative fees and past due balances must be paid in full before the 21st day of the month to avoid disconnection of service.

I have read this agreement and I agree to these terms.

Signature: _____ Co-Applicant: _____ Date: _____

OFFICE USE ONLY

Account #_____ Deposit $_____ Turn On: _____

Reading: _____ Serial # _____ Endpoint # _____