CITY OF high point.

UTILITY DISCONNECT AFFIDAVIT

CITY OF HIGH POINT
211 S. Hamilton St., High Point, NC 27260, Suite 316
Phone 336-883-3151

LOCATION OF STRUCTURE REMOVAL

Property Owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email (Optional): _____

ACKNOWLEDGEMENT

I understand that I am being issued a permit to remove a structure at the address above and acknowledge the utilities have been properly disconnected. (Initial all that apply)

____Electric Name of Provider _____

____Gas Name of Provider _____

____Water Name of Provider _____

____Sewer Name of Provider _____

AUTHORITY TO FILE

Required

I understand that it is a violation of State Law for another person to do the work either for free or for pay.
Applications will not be accepted without signature(s).

Printed Contractor Name	Contractor Signature	Date

Notary Public

Sworn to (or affirmed) and subscribed before me this _____day of _____, 20_____.

_____
Printed Name of Notary Public

_____
Signature of Notary Public

My Commission Expires: _____(Notary Stamp or Seal)