



TOWN OF STONEVILLE

101 Smith Street • PO Box 71 • Stoneville NC 27048
Phone: 336-573-9393 • 336-573-9695 • Fax: 336-573-2020

Utility Service Contract

Date: _____

Customer Name (Please Print): _____

Service Address: _____

Billing Address: _____

Phone Contact: Home #: _____ Work: _____ Cell: _____

Email: _____

Driver License # or other Official State ID: _____ Social Sec #: _____

I understand that by giving my social security number, if I have any debts \$50.00 or more owed to the town, it will be set off from my NC State Tax Refund or Education Lottery Winnings.

Previous Address: _____

Date for Water to be turned on: _____ Note: *Same day service not guaranteed.*

Have you or any other occupant ever had a utility account with the Town? _____

If yes, please list address: _____

If no, please initial: _____

1. I will be responsible for payment of the entire bill upon termination of service and will provide the Town with my forwarding address.
2. The bill is payable at Town Hall or by mail on or before the 20th day of each month.
3. If the account is not paid by the 20th of each month a penalty of 10% will be added.
4. If account is not paid by 8:30 am on the cut-off date, service will be discontinued and a \$50.00 fee charged. All charges owed must be paid in full before service is restored.
5. All requests for meter re-reads must be made within 10 days after the billing date.
6. A \$25.00 penalty will be assessed for each bad check processed by the Town. If we receive two bad checks you will have to pay by money order or cash.
7. Tampering with a water meter is a criminal offense with a \$75.00 civil penalty assessed to your account. A \$25.00 meter installation fee will also be imposed if the meter has to be pulled due to the tampering.
8. Failure to receive a bill does not alter the above rules.
9. I understand that I continue to be responsible for this utility contract until I have terminated services and have paid all balances owed.

I have read and understand my responsibilities as stated above:

Signed: _____

Date: _____

Office Use Only

Route _____

Lease Agreement _____ Y _____ N

Deposit (\$200.00) _____ Y _____ N

Account # _____

Circle One: New/Transfer

Initial _____