

UTILITY APPLICATION

City of Southport
1029 N Howe Street
Southport, NC 28461
(910) 457-7900 (910) 457-7905 (FAX)

APPLICATION DATE: _____ TURN ON DATE: _____

_____ RENT (OR) _____ OWN ***A PHOTO COPY OF YOUR DRIVER'S LICENSE IS REQUIRED***

REQUESTED SERVICES FROM UTILITY COMPANY: (PLEASE CHECK ALL SERVICES REQUESTED)

ELECTRIC _____, WATER _____, SEWER _____, GARBAGE _____

ACCOUNT NUMBER (ASSIGNED BY CITY) _____

(1). NAME(S): _____

EMAIL: _____ DATE OF BIRTH _____

(2). DRIVERS LICENSE #: _____ *** SSN# *** _____

(3). SERVICE ADDRESS: _____

(4). MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ ALTERNATE PHONE: _____

(5). EMPLOYER: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE _____ WORK PHONE: _____

(6). PRIOR UTILITY COMPANY: _____

I hereby make application for utility services as indicated and the premises indicated. I agree to comply with the applicable ordinances of the city of Southport regarding the provision of utility services, including those relating to deposits and other charges. I understand that the information furnished on this application will be verified and if determined inaccurate, will result in the termination of service without prior notice.

*** By providing your social security number it will be used to facilitate credit reports and collection of electric, water, sewer, garbage, privilege licenses & property taxes or any other bills in the event you do not pay the bill(s) voluntarily. Using the provided social security number will also allow the city to claim payment on any unpaid bill from the NC Debt Setoff Program and/or other collection methods necessary to satisfy any unpaid debt.

Customer Signature(S): _____

Approved by: _____