



TOWN OF MOUNT GILEAD

Application For Utility Services



Name: _____

Address of Residence: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact#: _____ Home Phone #: _____

Social Security#: _____ Driver's License #: _____

NON-REFUNDABLE \$100.00 CONNECTION FEE

SIGNATURE OF APPLICANT: _____ **DATE:** _____

*Property Owner Information (if different)

Landlord Name: _____

Landlord Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact#: _____ Home Phone #: _____

Social Security#: _____ Driver's License #: _____

SIGNATURE OF LANDLORD: _____ **DATE:** _____

-Notice of the Use of Social Security Numbers:

Disclosure of your social security number is voluntary. The request of your social security number is authorized by Section 105A-3(c) of the North Carolina General Statutes. Social Security Numbers collected by the town's billing and collections office will be used when collection efforts are undertaken to recover debts that are not paid voluntarily and in a timely manner by a customer. These collection efforts will include set-offs against customers' North Carolina income tax refunds and lottery winnings by means of the states' set-off debt collection program. This program is used by the Town of Mt. Gilead to collect debts that arise in connection with the provision of water and/or sewer service. An existing or potential customer will not be denied utility services because of a refusal to disclose his or her social security number.

FOR OFFICE USE ONLY:

Location #: _____ Date Turned On: _____ Acct. #: _____

Inside: Water: _____ Sewer: _____ Garbage: _____

Outside: Water: _____ Sewer: _____ Garbage: _____