TOWN OF HIGHLANDS

APPLICATION FOR UTILITY SERVICE

Name_____

Phone No (Winter)_____ Phone No(Summer)_____

Service Location_____Highlands, NC 28741

Billing Address (Winter): Billing Address (Summer):

_____ _____

_____ _____

Zoning District_____ Use_____

I certify that the above information is accurate to the best of my knowledge, information, and belief, and agree that this application shall constitute a contract between the Tow of Highlands and the undersigned for Electric, Water, Sewer, and/or Garbage service to the above-described premises in accordance with all ordinances, rates, charges, and regulations now in effect, or which may hereafter be enacted relating to the foregoing service, all of which are of record and open for inspection in the Town Office and which are fully made a part of this contract. I certify that the use described above complies with all applicable provisions of the Zoning Ordinance of the Town of Highlands for the zoning district in which it is located.

_____ _____/_____/_____ ___/_____/___

Applicant Signature Social Security Number Date

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<For Office Use Only>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Account No_____ Cycle_____ Stop_____

Former Owner/Renter_____

Owner (if above is tenant)_____

Address_____

Customer Type: Residential_____Commercial_____ Inside_____ Outside_____

Electric_____ Water_____ Sewer_____ Garbage_____ Yard Light_____

Final Read Date_____/_____/_____ Deposit $_____

Town Clerk Signature_____Date_____/_____/_____

Zoning Administrator Signature_____Date_____/_____/_____