## **Application for Utility Service**



Applicant's Name (Please Print):	
Landlord's Name (if Renting):	
Phone Number (Winter):	Phone Number (Summer):
Email Address (Only if you are signing up for electronic l	billing):
Service Location:	Highlands, NC 28741
Billing Address (Winter):	Billing Address (Summer):
that this application shall constitute a contract b Water, Sewer, and/or Garbage service to the aborcharges, and regulations now in effect, or which	to the best of my knowledge, information, and belief, and agree between the Town of Highlands and the undersigned for Electric, ove-described premises in accordance with all ordinances, rates, may hereafter be enacted relating to the foregoing service, all of the Town Office and which are fully made a part of this contract.
accounts shall have unpaid balances removed from	harges billed to this account. Customers with multiple utility om their inactive accounts and transferred to their active account ll be treated as a balance due and payment must be received to
Applicant's Signature	Social Security Number Date
*Disclosure of a SSN is voluntary and may only be used to co	ollect unpaid balances through the State of North Carolina Debt Set-Off Program.
Please return form to: Utility Customer	Service Representative
Town Clerk	Date
I certify that the use described above complies w of Highlands for the zoning district in which it is	with all applicable provisions of the Zoning Ordinance of the Town s located.
Planning & Development Director	Date
Zoning District:	Use:
For	r Office Use Only
Former Account #:	Cycle: Stop:
Former Customer's Name:	
Customer Type:   Residential   Commerce	cial 🗌 Inside 🗎 Outside
Service Type:   Electric   Water   Sew	ver 🗌 Garbage 🗎 Yard Light 🗎 Dumpster
Final Read/Cut On Date:	Deposit: \$