



# Town of Forest City APPLICATION FOR UTILITIES

P.O. Box 728  
128 North Powell Street  
Forest City, North Carolina 28043  
Phone: (828) 245-0148  
WWW.TOWNOFFORESTCITY.COM

### OFFICE USE ONLY

ACCOUNT NO: \_\_\_\_\_  
WATER DEP \$25  ELEC DEP \$100  TRANSFER \$30   
ELEC CONN \$ \_\_\_\_\_ PERMANENT  TEMPORARY   
WATER CONN \$800  COUNTY FUNDED \$750   
SEWER CONN \$750  SADDLE \$50   
STREET CUT/PAVE \$300  BUS. LICENSE \$ \_\_\_\_\_   
SECURITY LIGHT REQUESTED   
DATE PAID \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_  
 DISCONNECT SERVICES  WORK ORDER  
 COMMERCIAL  BUSINESS LICENSE

DATE: \_\_\_\_\_

- NEW ACCOUNT
- RENT/LEASE
- NAME CHANGE
- OWNER/LANDLORD
- TEMP CONNECTION
- TRANSFER SERVICES
- RESIDENTIAL
- COMMERCIAL
- BUSINESS LICENSE

### APPLICANT/ CO-APPLICANT/BUSINESS INFORMATION

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE:</b>	<b>SSN/TAX ID:</b>
<b>WORK REQUESTED BY:</b>			<input type="checkbox"/> <b>SS# VERIFIED</b>
<b>BUSINESS NAME:</b>	<b>DATE OF BIRTH:</b>	<b>DRIVERS LICENSE #:</b>	
<b>TYPE OF BUSINESS TO BE CONDUCTED AT THIS LOCATION (BUSINESS LICENSE APPLICANTS ONLY):</b>			
<b>SERVICE ADDRESS:</b>	<b>ACCT #:</b>	<b>"C" DATE:</b>	
<b>MAILING ADDRESS:</b>			
<b>HOME/CELL PHONE:</b>	<b>WORK PHONE:</b>	<b>EMPLOYER:</b>	
<b>CO-APPLICANT /SPOUSE LAST NAME:</b>	<b>FIRST NAME:</b>	<b>SSN:</b>	
<b>ADDITIONAL ROOMMATE INFORMATION:</b>			
<b>NAME:</b>	<b>SS#:</b>	<b>DOB:</b>	
<b>NAME:</b>	<b>SS#:</b>	<b>DOB:</b>	

### BUSINESS LICENSE APPLICANT ONLY

**ALARM MONITORING COMPANY:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**FIRST CONTACT PERSON :** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**SECOND CONTACT PERSON:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

### OWNER/LANDLORD INFORMATION

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>PHONE #:</b>
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**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

OFFICE USE ONLY  \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

<b>(OFFICE USE ONLY)</b>		<b>SERVICE CONNECTION/DISCONNECTION/ TRANSFER INFORMATION</b>	
SERVICE ADDRESS:		CONNECTION/DISCONNECTION DATE:	
WATER METER SERIAL #:		ELECTRIC METER SERIAL #:	
PREVIOUS READING:	CURRENT READING:	PREVIOUS READING:	CURRENT READING:
TRANSFER ACCOUNT #: _____		DEMAND READING:	
SERVICE ADDRESS OFF (TRANSFER):		DISCONNECTION DATE FOR OFF (TRANSFER):	
WATER METER SERIAL # (TRANSFER):		ELECTRIC METER SERIAL # (TRANSFER):	
PREVIOUS READING:	CURRENT READING:	PREVIOUS READING:	CURRENT READING:

NOTES: \_\_\_\_\_

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