



Town of Edenton Utility Service Application

Allow (2) working days to process application.

OFFICIAL USE ONLY

SS# Verified	_____
Photo ID Verified	_____
Lease	_____
Total Deposit Paid	\$ _____
Electric	_____
water	_____
Sewer	_____
Application Fee	_____
New Acct. #	_____

Date Service to be Activated: _____

Service address: _____

Mailing Address: _____ Rent Own

* Copy of signed leased agreement Required.

Current Edenton Customers Only

Location of Current Service address: _____

* Please note, Existing or Past Due Balances must be Paid to completed service application.

* An Additional Utility Deposit may be required for the new service location.

* Request Cut-Off Date: ____/____/____

APPLICANT INFORMATION

NAME: _____

SOCIAL SECURITY# _____

DRIVER'S LICENSE# _____

DATE OF BIRTH: _____

EMAIL: _____

PHONE: _____

ALTERNATE PHONE: _____

PLACE OF EMPLOYMENT:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Office (252) 482-2155 Fax: (252)482-7377 Mail to: PO BOX 300 ,Edenton, NC 27932 E-mail: Edenton.utilities@edenton.nc.gov

All new utility customers will receive a copy of the Town's "Rights and Responsibilities of Utility Service Providers at the time this application is completed..

PROPERTY OWNERS/ LANDLORDS INFORMATION

NAME: _____

EMAIL: _____

PHONE: _____

ALTERNATE PHONE: _____

APPLICATION/LAND LORDS PROPERTY OWNERS

Business Customers Only:

Federal ID# _____

Legal Entity: Individual Sole Pro. Partnership Corporation

This property is New Construction Existing Building Renovation

Contractor Name: _____