



CITY OF SANFORD
 Billing, Collections & Customer Service
Utility Service Application

- YES – I want free e-billing!
 NO – Mail my bill.

Official Use Only	
SS# Verified	_____
Photo ID Verified	_____
Lease/HUD	_____
Deposit Paid	_____
Work Orders	_____
Customer Brochure	_____
Account #	_____
CID #	_____
Date	_____
CSR Initials	_____
Verified by	_____

Date service to be activated: _____

Service Address: _____

Mailing Address: _____ **Rent** **Own**

APPLICANT INFORMATION:	AND/OR	CO-APPLICANT INFORMATION: (optional)
NAME: _____		NAME: _____
SOCIAL SECURITY# _____		SOCIAL SECURITY# _____
DRIVER'S LICENSE # _____		DRIVER'S LICENSE # _____
EMAIL: _____		EMAIL: _____
HOME PHONE: _____		HOME PHONE: _____
CELL: _____		CELL: _____
WORK: _____		WORK: _____

Circle preferred method of contact: Email Home Phone Cell Phone Cell Phone & Text Work Phone

Have you or any other occupant at this address ever had a utility account with the City?

Yes, please state address: _____ No, please initial: _____

You certify that you are eighteen years of age or older, that the above information is accurate, and that you will be responsible for payment of the entire bill upon termination of service. Additionally, if the City determines that you or any other occupant at this address owes past due balances to the City, you will be responsible for payment of those balances and any associated fees. You have had an opportunity to review a copy of the City's rules & regulations and are subject to the City's Code of Ordinances for utility as currently in effect. The account is subject to immediate disconnection without notice if the deposit is returned for insufficient funds or if the City discovers delinquent past due balances from prior accounts. You further agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone, text messages, or emails that are associated with your account. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. Disclosure of your social security number is voluntary and will be used to facilitate credit reports and collection of water, sewer, and any other debt owed to the city in the event it is not paid voluntarily see G.S. 132-1.10(b)(4). Providing your social security number will also allow the city to claim payment on any unpaid bill through the NC Debt Setoff Program and other collection methods necessary to satisfy unpaid debts.

I/We have read this disclosure and agree that the City of Sanford may contact me/us as described above.

Signature

Date

Signature

Date