



Application for Residential Utility Services

APPLICANT INFORMATION

Valid Picture I.D. is required in order to complete the application process

| | | |
|--------------------------------|-------------------------|--------------------|
| Last Name: | First Name: | SSN: |
| Driver's License/State: | Date of Birth: | E-mail: |
| Employer: | Home/Cell Phone: | Work Phone: |

CO-APPLICANT / AUTHORIZED INDIVIDUAL INFORMATION

Your spouse is **NOT** presumed to be a Co-Applicant. They **MUST** be added and present an I.D. at application time. No information will be shared unless they are on this application as applicant or authorized. Only the primary applicant has the authority to turn on or turn off services.

| | | |
|--------------------------|-----------------|-----------|
| Last Name, First: | SSN: | Relation: |
| Driver's License/ State: | Contact Number: | |

SERVICE LOCATION INFORMATION

| | | |
|--|------------------|-----------|
| Service Address: | ZIP Code: | |
| Mailing Address (IF different from Service Address): | City/State: | ZIP Code: |

Please provide copy of documents:

- Owner
Closing Date: _____
- Tenant
Lease Start Date: _____
- Realtor
Service Start Date: _____

*If a transfer, what date would you like to stop services at your current location? _____

Services Applied for:

- Electric
- Water
- Gas
- Area Light

METERED SERVICES CONNECTION

Initial to acknowledge statements below.

Please be aware that the City's policy for turning on or reconnecting utility services is within **one business day** if no further inspection is required. Customer must be in the office before 5pm for reconnects and 3pm for turning on services.
All meter replacements will be completed within **two (2) business days** from the time that full payment has been received and inspections has been released. In order for services to be established make sure:

_____ **All circuit breakers are off for electricity.**

_____ **Every water faucet is closed.**

In order to be completely sure turn off ALL VALVES including those under the sink, behind each toilet, in the tubs, and on the water heater OR you may turn off the MAIN GATE VALVE.

_____ **All deposits are paid in full.**

In order for your account to be opened, the deposits must be paid in full. Deposits will be applied to the account balance when the account is closed. Any deposit refunds due will be issued within 4-6 weeks after the termination date.

AGREEMENT

I (applicant/co-applicant) hereby request the city of Rocky Mount to provide utility services at the above service location. I (applicant/co-applicant) agree to pay all charges for services rendered as a result of this request. I (applicant/co-applicant) understand and agree that failure to pay any amount due to the City can result in services not being connected/ reconnected until such payment has been received.

Applicant Signature _____ **Date** _____ **Co-Applicant Signature** _____ **Date** _____

Additional responsible party (POA, EOE, Co-Lessee) _____

***If over 18 and on the lease you are benefitting from services and will be held responsible for payment on account.**



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FOR OFFICE USE ONLY

Received/ Completed By: _____ Date: _____

Online Utility Exchange:

Report No: _____
Deposit Decision: _____ (A, B, C)

Deposits: Electric (E) \$ _____
Water (W) \$ _____
Gas (G) \$ _____
Area Light \$ _____

Service/Connection Fee \$ 25.00

Payment Type: Cash _____ Check# _____ Credit Card _____

Additional Notes:

| |
|--|
| |
| |
| |
| |
| |

Prior Tampering: \$ _____

Previous Outstanding Balance : \$ _____ Customer/Account # _____

TOTAL: \$ _____

Copy of Driver's License or other form of picture ID must be attached to application.

Social Security Privacy Policy

Protection of Information

City of Rocky Mount recognizes the importance of maintaining the confidentiality of the social security # and shall protect this information at all times by storing it electronically. Access to this information shall be limited to City of Rocky Mount Business Services employees only. This information in addition to phone number(s) shall be kept for collection attempts and verification purposes and may be provided to credit or collection agencies. I acknowledge receipt and understanding of this privacy notice.

Printed Name

Date

Signature of Applicant



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CUSTOMER COPY: DISCLOSURE STATEMENT

Notification of Social Security Number and Phone number Collection and Usage

City of Rocky Mount uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number and phone number is used for legitimate business purposes in compliance with:

- Completing an Application for Residential Services;
- Debt collections and credit reporting;
- Completing and processing a credit check to determine the deposit required on an account;

NOTIFICATION

Providing a Social Security number is not a condition of receiving utility services from City of Rocky Mount, but may result in deposit being required.

The City uses your Social Security Number for the following purposes: customer identification and verification; creditworthiness; debt collections; and other lawful purposes necessary in the conduct of City business. The City may release your SSN to entities as required by law/subpoena.

About Your Deposits

The City of Rocky Mount requires that when a utility customer pays a deposit upon opening or re-establishing an account with the City to guarantee payment on the account for electric, sewer, water, solid waste, gas, etc. services rendered. In the case of repeated delinquency or multiple returned checks, the City may also require a customer to redeposit monies (assuming the deposit was already refunded or no deposit was required), or increase the amount of the deposit currently on account. The customer will be billed for the deposit or deposit increase, and the next payment received will be applied first toward fulfilling this obligation. A customer pays the deposit with the express understanding and agreement that the City may apply all or any part of the deposit towards any arrearage on the account in satisfaction of the amount owed. Deposits are refunded to the customer under two circumstances:

- 1) Upon establishing a satisfactory payment record with the City, the City will refund the deposit to residential customers occupying Single-family, Duplex, or Triplex Residential homes provided that the customer has received continuous service for at least 12 months and has not been late in payment within the 12 months. Deposits are refunded at the request of the residential customer. Deposits are non-refundable if the customer has had a returned check, been disconnected, tampered with the meter or used services in a fraudulent or unauthorized manner during the preceding 12 month period.
- 2) Upon closing an account the City will refund the deposit less any amount owed to the City. The refund is paid by check and is typically mailed within four (4) to six (6) weeks of the final meter reading on the account. The customer is responsible for providing a forwarding address to the City.

The deposit shall in no way be construed to preclude the City of Rocky Mount from discontinuing any and all utility services to the service location in the event of default on payment of any indebtedness for utilities services rendered to the premises regardless of whether or not the amount of the deposit is sufficient to cover the arrearage amount.

Disconnection

City of Rocky Mount utility services are subject to disconnection any time after due date for non-payment, accrual of 1.5% per month late payment charge on total balance and reconnection fees. No fees are waived or refunded as a result of disconnection for non-payment.

Customer Disclosure:

Making false statements in application for utility services is a misdemeanor or may be a felony in some instances. **WE PROSECUTE.** If you or a spouse have an unpaid final bill for another address within the City of Rocky Mount, the balance must be paid or arrangements made before this application will be processed. Applications in the name of a minor (under age 18) is prohibited.

By signing this application, the applicant(s) understand and acknowledge that the above information has been explained to me. The Applicant(s) agrees to pay for said services as bills are rendered therefore, in accordance with the rates, rules and regulations as provided in the City Ordinances/Policies as now existing or as may be enacted and in effect at the time of delivery, regardless of who the consumer might be. The Applicant further agrees to release and discharge said City of Rocky Mount from liability for damages suffered (1) by reason of electric, water, gas, area lights, or other services currently furnished to the premises by reason of interruption, discontinuance or disconnection of service hereunder from any cause other than negligence by the City of Rocky Mount or (2) by reason of the condition, maintenance, location, or existence of any of the facilities, fixtures or systems located on or adjoining the property supplied and by which services are furnished and delivered. Service requests for disconnections will be processed within 48 business hours.

Customer(s) Initials: _____