



**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:   | 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