

APPLICATION FOR UTILITY SERVICE

TOWN OF LONG VIEW
2404 1ST AV SW, LONG VIEW, NC 28602
(828) 322-3921

(Please print using ink.)

Name: _____ Driver's Lic.#: _____

Home Phone #:(____)_____ Alternate Phone #:(____)_____ Soc Sec #: _____

Service Address: _____

Mailing Address (if different): _____

(City) (State) (Zip Code)

Circle One: OWN RENT

If Renting, Supply Landlord's Information:

Name: _____ Phone #: _____

Address: _____
(City) (State) (Zip Code)

It is the responsibility of the applicant to notify the Town of Long View of termination of service. Failure to notify the Town could result in service charges and forfeiture of deposit. Applicant assumes responsibility of payment for any consumption and any applicable service charges related to utility service upon rendering application up to account termination.

For your convenience a drop is available at Town Hall. Automatic draft is also available. Credit/Debit cards are not accepted. Bills are due by the 15th of each month. As of the 16th, a \$10.00 late fee is assessed. If not paid by the 25th, service will be disconnected on the 26th and the account will be assessed a \$25.00 service charge. All fees are due to restore service. Failure to receive your bill does not entitle payment without penalty. Call (828) 322-3921 with any question regarding your account. Office hours are 8:00 am to 5:00 pm Monday through Friday.

Applicant's Signature: _____ Date: _____

Approved By: _____

OFFICE USE ONLY

Open Account Date: _____ Route/Location: _____

Inside City: _____ Outside City: _____ Deposit Amt: _____