



Application for Utility Service

Town of Long View, NC
2404 1st Avenue SW
Hickory, NC 28602

Name: _____ Driver License #: _____

Co-Applicant (if applicable): _____ Driver Lic. #: _____

Phone #: _____ Social Security #: _____

Service Address: _____

Mailing Address: _____

Email Address: _____ Rent or Own: _____

Landlord Name: _____ Phone #: _____

It is the responsibility of the applicant to notify the Town of Long View of termination of service. Failure to do so could result in service charges and forfeiture of deposit. Applicant resumes 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 box is available at Town Hall. Payments are accepted at the drive-up window, via phone at **1-844-915-2879**, or on our website at www.ci.longview.nc.us

Bills are due by the 15th of each month. As of the 16th, a \$25.00 late fee is assessed. If not paid by the 25th, the account will be assessed a \$50.00 non-payment fee, and service will be interrupted on the 26th. All charges and fees due must be paid in full to restore service.

Failure to receive your bill does not entitle payment without penalty.

Call (828) 322-3921 with any questions regarding your account.
Office hours are 8:00 am to 5:00 pm Monday through Friday.

Applicant Signature: _____ Date: _____

Approved By: _____ Account Open Date: _____

Office Use Only:

Location/Account #: _____ Deposit/Transfer Deposit: _____