



TOWN OF LONG VIEW
2404 1ST AVE SW
HICKORY, NC 28602

JOHN DOE
123 STREET SW
HICKORY, NC 28602

ACCOUNT INFORMATION

JOHN DOE

Account **099-0000999-9**

Previous Balance	\$0.00
Current Charges	\$52.35
Amount Due	\$52.35

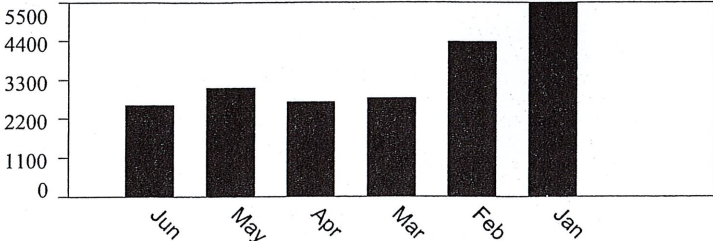
Bill Date	07/01/2018
Due Date	07/15/2018
Service Address	123 STREET SW
Billing Period	05/15/2018 - 06/13/2018

Service Address **123 STREET SW**

SPECIAL MESSAGE

SPECIAL NOTICES FROM THE TOWN WILL BE POSTED HERE

Meter	Meter Read	Previous	Current	Usage
01234567	6/13/2018	0000	3000	3000

Water Usage History (in gallons)		Charge Description	Amount
		WATER	19.89
		SEWER	20.83
		GARBAGE	11.63
		Total Due	\$52.35

DETACH THIS PORTION AND RETURN WITH PAYMENT IN THE ENCLOSED ENVELOPE

ACCOUNT	BILLING DATE	SERVICE ADDRESS	Name	Due Date	Amount Due
09-0000999-9	07/01/2018	123 STREET SW	JOHN DOE	07/15/2018	\$52.35

Please write your account # on your check.

Make check payable & remit to:

TOWN OF LONG VIEW
2404 1ST AVE SW
HICKORY, NC 28602-2009



Paying Your Bill

- **In Person:** at Town Hall
- **Bank Draft:** Come see us, or download form
- **Drop Box:** Located at drive-up window

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If bills are not paid by 5PM on the 15th day of each month, a \$15.00 penalty will be added on the 16th.
If bills are not paid by the 25th of the month, service will be disconnected on the 26th.

Reconnection charge of \$35.00 will be added if service is disconnected.

There is a night deposit box at the municipal complex for your convenience.

Town of Long View is not responsible for failure of the U.S. Postal Service to delivery bills.
Failure to receive bill does not excuse responsibilities for timely payments or prevent service disconnection.

There is a \$35.00 fee for all returned checks.

STATE AND LOCAL LAWS PROHIBIT TAMPERING WITH WATER METERS.

If you have a question about your bill, you can call (828) 322-3921 during regular business hours: Monday through Friday 8:00 a.m. - 5:00 p.m.

No second notice will be given.

Update Contact Information

Name _____ Phone _____
Mailing Address _____
City _____ State _____ Zip Code _____

TOWN OF LONG VIEW AUTOMATED DRAFT SERVICE

I hereby authorize the Town of Long View to initiate debit entries or such adjusting entries either debit or credit which are necessary for corrections, to my checking account indicated below and the financial institution named below to credit (or debit) the same to such account. I understand that this authorization will be in effect until I notify the Town of Long View in writing that I no longer desire this service, allowing for reasonable processing time. I understand that should the draft be rejected by my financial institution due to insufficient funds that I will need to make payment in full, by cash, to the Town and an additional \$25.00 NSF fee paid to restore service.

Name _____ Telephone Number _____
Service Address _____ Account Number _____
Financial Institution _____ City and State _____
Transit/Routing Number _____ Account Number _____

PLEASE ATTACH A VOIDED CHECK TO THIS ENROLLMENT FORM. VOIDED DEPOSIT SLIPS ARE NOT ACCEPTABLE.

THIS PROCESS CAN TAKE 45 TO 60 DAYS TO BEGIN

Signature _____ Date _____