

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. #: _____

Co-Applicant (if applicable): _____ D/L #: _____

Home/Cell #:(____) _____ Soc Sec #: _____

Service Address: _____

Mailing Address (if different): _____

(City)

(State)

(Zip Code)

Circle One: OWN RENT

If Renting Supply Landlord's Information:

Landlord's 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 \$15.00 late fee is assessed. If not paid by the 25th service will be interrupted on the 26th and the account will be assessed a \$35.00 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 questions regarding your account. Office hours are 8:00 am to 5:00 pm Monday through Friday.

Applicant Signature: _____ Date: _____

Approved By: _____

OFFICE USE ONLY

Account Open Date: _____ Location Number: _____

Deposit/Transfer Deposit: _____

White Copy-File

Yellow Copy-Applicant