

Marshville Town Hall  
 201 West Main Street  
 Marshville, NC 28103

# TOWN OF MARSHVILLE

est. 1877

(P) 704.624.2515  
 (F) 704.624.0175  
 www.marshville.org

## UTILITY BILLING CHANGE FORM

Services Used:  Water  Sewer  Garbage  Recycling

Applicant Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_  
First Middle Last

Authorized Contact Name(s): \_\_\_\_\_  
Full name required (First, Middle, Last)

Mailing Address: \_\_\_\_\_  
Street Address

Service Address: \_\_\_\_\_  
Town, State, Zip Code  
 (if different from above)

Primary Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security/Federal ID #:  \_\_\_\_\_ ID State & Number:  \_\_\_\_\_

Account Type:  Single Family Residential  Multi Family Residential  Business  
 Industrial  Institutional  Irrigation

Are you a: <input type="checkbox"/> Tenant- provide rental agreement <input type="checkbox"/> Owner- provide deed or closing statement  <i>If you are the tenant, please list the name of the owner/ property management company and their contact information</i>	Name: _____ Address: _____ Phone: _____
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Employer Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
Street Address  
Town, State, Zip Code

I hereby make application for utility services at the location referenced above. I agree to notify the Town of any changes in ownership or tenancy and will be responsible for the minimum monthly fees and consumption charges billed for garbage, water and/or sewer usage until service in my name has been terminated. I have also been provided a copy of the utility policies and/or been directed where they have been posted for review and agree to comply with all applicable ordinances and policies. I further acknowledge that the Town will refuse to furnish new service to an applicant who is indebted to the Town for service previously furnished by Town or if any member of the household has an outstanding account with the Town. I hereby certify that the above information is true to the best of my knowledge and if any information is determined to be inaccurate services may be terminated without further notice. Disclosure of your social security number is voluntary and will be used to facilitate credit reports and collection of water, sewer, garbage, property taxes and any other debt owed to the town in the event it is not paid voluntarily. Providing your social security number will also allow the town to claim payment on any unpaid bill from the NC Debt Setoff Program and other collection methods necessary to satisfy unpaid debts. Election not to provide a valid social security number will subject the customer to a higher deposit.

**SIGNED** **DATE**

**- OFFICE USE ONLY -**

Account Set Up			Account Close	
Account No.	_____	GBG Can	<input type="checkbox"/> No <input type="checkbox"/> Yes	Out Date
Location No.	_____	RYC Can	<input type="checkbox"/> No <input type="checkbox"/> Yes	Out Reading
In Date	_____	Deposit Reqd	<input type="checkbox"/> No <input type="checkbox"/> Yes	Deposit Rfd (Date/Initials)
In Reading	_____	Deposit Paid (Date/Initials)	_____	Forwarding Address: _____
Begin Billing Date	____/____/____	Draft Payment	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Prorated # of Days	_____	Staff Initials:	_____	
Town Limits	<input type="checkbox"/> In <input type="checkbox"/> Out			
Rate Codes	____/____/____			