Town of Wingate
Phone (704) 233-4411 · Fax (704) 233-4412

Town of Wingate Utility Disconnection Application
(Water, Sewer, Garbage, Recycling, and Yard Waste)

Date for Disconnecting Service: ____/____/_____ (mm/dd/yyyy)
Today's Date: ____/____/_____ (mm/dd/yyyy)
Full Name: _____
Disconnection Service Address: _____
Wingate, NC. 28174
Forwarding Mail Address: _____
City _____, State _____ Zip _____
Social Security#: _____-_____-_____ OR Tax ID#: _____
Birth Date: ____/____/_____ (mm/dd/yyyy)
Acct. #: _____
Daytime Phone #: ( ) _____-_____
E-mail Address: _____
Are you a Bank Draft Customer? Yes ____ No _____
Confirmation Request by Phone? Yes ____ No _____

I understand that:
(Please read and check all boxes!)

- ☐ The final bill will be printed on the last day of the month in which the disconnection occurs.
- ☐ If you have a utility deposit on file, the deposit will be applied to any remaining balance.
- ☐ We are unable to disconnect services on holidays or weekends.
- ☐ This form should be received in the office either by fax or in person by 4:30PM for same day disconnection.
- ☐ I am responsible for any remaining balance due to the Town of Wingate.
- ☐ **I authorize the Town of Wingate to disconnect water service for the account/address shown above.**
- ☐ **I understand that I am not authorized to disconnect utility services myself and doing so could result in a meter tampering fine.**

Customer's Signature_____ Date_____

OFFICE USE ONLY

Application Accepted By: _____
Today's Date: ___/___/_____ (mm/dd/yyyy) **Request Date**: ___/___/_____ (mm/dd/yyyy)
Account #: _____
Verify Last Four Numbers of SSN: _____ **By Phone**: _____ **In Person**: _____