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

OFFICE USE ONLY
Application Accepted By: _____
Deposit Amount: _____
Date: _____
Account #: _____
❑ Recycle Bin Needed

UTILITY SERVICE APPLICATION

APPLICANT INFORMATION

Date Service Requested: _____

Applicant's Name: _____

Service Address (Not PO Box): _____

Wingate, NC. 28174

Mailing Address (If Different): _____

City: _____ State: _____ Zip: _____

Daytime Phone#: _____ Evening Phone#: _____

Social Security#: _____ Birth Date: _____

Driverôs License#: _____ State: _____

E-mail Address: _____

Employer: _____ Employerôs Telephone #: _____

Employerôs Address: _____

City: _____ State: _____ Zip:

❑ Residential ❑ Owner (Provide Deed or Closing Statement) ❑ Renter (Provide Rental Agreement)

❑ Commercial EIN # _____

Landlord Name: _____ Landlord Tel. #: _____

Landlord Address: _____

Co-Applicant's Name: _____

Service Address (Not PO Box): _____

Wingate, NC. 28174

Mailing Address (If Different): _____

City: _____ State: _____ Zip: _____

Daytime Phone#: _____ Evening Phone#: _____

Social Security#: _____ Birth Date: _____

Driverôs License#: _____ State: _____

E-mail Address: _____

Employer: _____ Employerôs Telephone #: _____

Employerôs Address: _____

City: _____ State: _____ Zip: _____

The Town of Wingate offers an ***automatic bill drafting*** service. If you participate, your checking account will be automatically drafted, and your bill will be paid in full. This can save you the cost of a stamp, a late fee (currently $10.00), and the hassle of remembering to pay your bill each month.

❑ Sign me up for ***automatic bill drafting.***

I hereby make application for water, sewer, and garbage services as indicated and the premises indicated. I agree to comply with the applicable ordinances and policies of the Town of Wingate regarding the provision of utility services, including those relating to deposits and other charges. I understand that the information furnished on this application will be verified, and if determined inaccurate, will result in the termination of service without prior notice.

By providing your social security number it will be used to facilitate credit reports and collection of water, sewer, garbage, privilege licenses, and property taxes or any other bills in the event you do not pay the bill voluntarily. Using the provided social security number will also allow the Town to claim payment on any unpaid bill from the NC Debt Setoff Program and or other collection methods necessary to satisfy any unpaid debt.

Signature _____ **Date** _____ **Signature** _____ **Date** _____