



**RESIDENTIAL APPLICATION FOR UTILITY SERVICE**

**P.O. BOX 1459 OR 2571 RAILROAD ST, WINTERVILLE, NC 28590**  
**(252)756-2221-TELEPHONE (252)321-8455-FAX**  
**[CUSTOMERSERVICE@WINTERVILLENC.COM](mailto:CUSTOMERSERVICE@WINTERVILLENC.COM) - EMAIL**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Are you the Owner or Renter? \_\_\_\_\_

Would you like to enroll in paperless billing?  Yes  No

Driver's License Number: \_\_\_\_\_ Employer: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**SPOUSE OR CO-APPLICANT INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Work Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Please provide picture id (driver's license), a signed copy of lease agreement if leasing and a current letter of credit from a utility company. Please call the Town of Winterville to confirm receipt once this information has been faxed or emailed to prevent delays in the application process. A 24 hour notice is required for service request.**

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**For Office Use Only:**

Deposit \_\_\_\_\_  LOC \_\_\_\_\_  App Fee  Photo ID  Lease  OL

CSR: \_\_\_\_\_ Acct#: \_\_\_\_\_