



**APPLICATION FOR UTILITY SERVICE**  
**P.O. BOX 1459 OR 2571 RAILROAD ST, WINTERVILLE, NC 28590**  
**(252)756-2221-TELEPHONE**  
**(252)321-8455-FAX**

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

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

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

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

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

Owner/Renter: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Home or Mobile Number: \_\_\_\_\_

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

**SPOUSE OR CO-APPLICANT INFORMATION**

Name: \_\_\_\_\_ Home or Mobile Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

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**FOR OFFICE USE ONLY**

Deposit Amount: \_\_\_\_\_ Letter of Credit: \_\_\_\_\_