

Town of Plymouth
124 EAST WATER - PLYMOUTH, NORTH CAROLINA 27962 TELEPHONE: (252) 793-9101 FAX: (252) 793-6738

Othity Service Agreement Application		
Application Date:	Account Number Assigned:	
Customer Name:		
Last	First	Middle Initial
Social Security Number/ Tax ID Number	Driver License Number	Telephone Number
Check which one applies: Resider	ntial	_ Commercial
Service Address	Mailing Address	(P.O. Box or different from service address)
The following is required for utility service:		
 Proof of Identity Renter: Copy of signed Rental/ Lease Owner: Copy of Closing Document \$175.00 Deposit Your social security number will only be used for Carolina debt-set off collection program and/or a	r collection of delinquent bal	
Customer Initials		
Town of Plymouth Water Department can deny s contract.	ervice for nonpayment of ch	arges arising under this contract of any other
Payment is due on the 15 th of each month. If the business day. If not paid on or before the due date 5 working days after the due date, an additional \$	e, a late fee of \$5.00 will be a	added to the account. If not paid on or before
Service will be turned off on the 3 rd of the month service will be turned off on the next business day service to be reconnected a \$40.00 reconnection for occur until the following business day.	y unless you made payment a	arrangements with Administration. For
	make application for utility so conditions of the Town of P	
Signature	of Applicant	