

APPLICATION FOR UTILITY SERVICES

*CITY OF GRAHAM
201 S. MAIN ST.
GRAHAM, NC 27253*

TEL: (336) 570-6700 / FAX: (336) 570-6703

PLEASE PRINT CLEARLY:

BUSINESS NAME: _____

SERVICE ADDRESS: _____

DATE OF SERVICE: _____

TAX ID NUMBER: _____

BUSINESS PHONE NUMBER: _____

OWNER/MANAGER NAME: _____

MAILING ADDRESS: _____

EMERGENCY CONTACT INFORMATION 24 HOURS A DAY

NAME: _____

PHONE # _____
(INCLUDING AREA CODE)

ADDRESS: _____

(STREET ADDRESS ONLY - NO P.O. BOXES)

DO YOU OWN THE BUILDING? YES NO

MORTGAGE COMPANY/LANDLORD: _____

WOULD YOU LIKE YOUR ACCOUNT TO BE DRAFTED? YES NO