



APPLICATION FOR UTILITY SERVICES

CITY OF GRAHAM
201 S MAIN ST
GRAHAM, NC 27253
PHONE (336) 570-6700 FAX (336) 570-6703

PLEASE PRINT CLEARLY !!!

APPLICANT _____
LAST NAME FIRST

CO APPLICANT _____
LAST NAME FIRST

SERVICE ADDRESS _____

DATE OF SERVICE _____

DRIVER'S LICENSE NUMBER _____ DOB _____

SSN _____ HOME PHONE NUMBER _____

WORK PHONE NUMBER _____ EMPLOYER _____

MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE)

PREVIOUS ADDRESS _____

DO YOU OWN YOUR HOME? YES NO NUMBER OF OCCUPANTS _____

MORTGAGE COMPANY / LANDLORD _____

WOULD YOU LIKE YOUR ACCOUNT TO BE DRAFTED? YES NO

WOULD YOU LIKE TO HAVE YOUR BILL E-MAILED? YES NO

E-MAIL ADDRESS _____

Remember that enrollment in the e-billing program will discontinue your mailed statement.

YOUR SIGNATURE AUTHORIZES A CREDIT REPORT TO BE ACCESSED.

SIGNATURE

DATE

*Pursuant to 42 U.S.C. 405 (c)(2)(C)(i), Personal information collected by the City of Graham will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information provided be shared, sold, or otherwise made available for public inspection. The disclosure of an applicant's social security number is voluntary.