OFFICE USE ONLY:

Turn on Date _____ Account # Meter _____ Fee _____

Meter ID # _____ Reading _____

CANTON
NORTH CAROLINA

APPLICATION FOR UTILITY SERVICE

***** ACCOUNTS ARE BILLED MONTHLY *****

A. RESIDENTIAL:

First Name _____ MI _____ Last Name _____

SSN _____ DOB _____ Drivers License# _____

Co-Applicant Name _____

Service Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone _____ Email _____

Employer _____ Phone _____

How would you like to receive your bill? ☐ Paper Bill -or- ☐ Electronic Bill

B. COMMERCIAL:

Name of Business _____

Tax ID# _____ Phone _____

Owner Name _____ SSN _____

Contact Person Name _____

Service Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

C. OWNER OF PROPERTY/LANDLORD INFORMATION:

Owner/Landlord Name _____ Phone _____

Service Address _____
Street City State Zip

D. BOIL WATER NOTICES: SIGN UP FOR CANTON ALERTS

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In the event of a boil water notice we will immediately post details on our website at CANTONNC.COM/BOIL-ADVISORIES for you to view at your own discretion, or you can receive a real-time notification by signing up for Canton Alerts. These are the ONLY two ways we provide notices. You will also be alerted about other emergencies, road closures, and important community news.

Sign me up for: ☐ **Text Alerts** ☐ **Voice Alerts** ☐ **Email Alerts** ☐ **OPT OUT**

By signing this I (stated above) acknowledge that the Town of Canton has explained my responsibilities as a utility customer and also the payment schedule **(BILLS ARE SENT MONTHLY)**; thus binding myself to comply with all of the requirements thereof or be held to subsequent penalties as provided by law. In addition, I accept responsibility for my damage to property due to water being turned on in my absence.

Print Name _____ Signature _____