

HILLSVILLE WATER AND WASTEWATER SYSTEMS
APPLICATION FOR UTILITY SERVICES

Account Name: _____

Mailing Address: _____

Location of Service: _____

TWO FORMS OF IDENTIFICATION REQUIRED—make copies & attach to application:

One photo ID (valid Driver's License, Photo ID card, Military ID, or Resident Alien card);

Name verification ID (social security card, insurance card, voter registration card, valid Debit/Credit card)

Social Security #, Resident Alien card, or Fed. ID # (for business): _____

Telephone: (Home) _____

(Mobile) _____

(Work) _____

Email Address: _____

Race: _____

(for reporting requirements only)

Account #: _____

Date Opened: _____

Clerk: _____

Deposit Due:\$ _____

Deposit Waived: _____

(Reason—attach documentation)

You request to have _____ Water and/or _____ Wastewater utility services provided to your _____ Residence
OR _____ Business by the Town of Hillsville. You wish services to begin on the following date: _____/_____/_____
at _____ (scheduled time). You understand and will adhere to the ordinance regulating such water and/or
wastewater accounts and their termination. (A copy of the ordinance is located at the Utilities/Payroll Coordinator's desk.) You agree,
in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone
number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also
contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using
pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

I/We have read the above information, including the disclosure, and agree that the Creditor may contact me/us as described above.

Customer Signature

Date