



THE CITY OF
Reidsville
NORTH CAROLINA

**APPLICATION FOR UTILITIES ACCOUNT FOR NEW CUSTOMER OR FOR
TRANSFERRING OF EXISTING SERVICE**

City of Reidsville-Finance Department

230 W. Morehead Street, Reidsville, NC 27320 Ph (336) 349-1001 Fax (336) 349-1005

CUSTOMER NAME: _____

CO-APPLICANT NAME IF APPLICABLE: _____

SERVICE ADDRESS: _____

(Address at which you want service turned on)

MAILING ADDRESS: _____

(Address where you want the bill mailed. IF at anytime you change the mailing address, ALWAYS CALL and notify this office.)

IF YOU ARE TRANSFERRING SERVICE, PLEASE LIST ADDRESS YOU ARE

TRANSFERRING FROM: _____

Home Phone: _____

Co Applicant Home #: _____

Cell Phone: _____

Co Applicant Cell #: _____

Social Security Number: _____

Co Applicant SSN#: _____

Driver License Number: _____

Co Applicant DLN# _____

Date of Birth: _____

Co Applicant DOB: _____

Employer Name: _____

Co Applicant Employer: _____

Employer Address: _____

Address: _____

Employer Phone: _____

Phone: _____

Reference Name: _____

(Nearest Relative or Friend not residing at the residence)

Address: _____ Telephone _____

IF APPLICABLE:

Landlord Name: _____

Landlord Telephone: _____

SERVICE DATE _____

(DATE OF SERVICE YOU WANT WATER TO START OR TRANSFERRED)

~Would you like your bill drafted from your bank account? Yes ___ No ___

(Please be prepared to sign authorization form and provide copy of voided check)

~Are you a Senior Citizen (65 or older)? Yes ___ No ___

SIGNATURE: _____

FEES: A non-refundable service connect fee of \$15 is due as well as a deposit of \$75. The deposit is refundable after 12 consecutive months of good payment history. Please note that if any outstanding unpaid water accounts exist in your name from any previous service that you may have had with the City, those amounts will have to be paid in addition to the total of \$90 mentioned above.