

## Town of Biscoe

110 West Main Street, Biscoe, North Carolina 27209 (910) 428-4112 ph. / (910) 428-2914 fax

## **Application for Utility Service – Business**

## **Required Information:**

- 1. Government-issued photo identification (e.g., driver's license, passport, or military ID). If unavailable, provide two alternate forms such as proof of residence, utility bills, or birth certificates.
- 2. Renters must provide a valid lease agreement, rent receipt signed by the landlord, or deposit receipt signed by the landlord, along with the landlord's contact information. Property owners must provide proof of ownership.
- 3. Payment of a non-refundable \$75 account fee.
- 4. Payment of any prior outstanding debts.
- 5. For same-day service, completed applications must be processed before 2:30 PM. If service is needed after 2:30 PM, a \$25.00 service fee will be required for connection.

## **Billing Cycle:**

- Bills are issued on or before the 1st of the month for the preceding service period.
- Payments are due by the 20th of the month. Late fees apply as follows:
  - i. Tier 1: \$10, assessed on the 21st.
  - ii. Tier 2: \$35, assessed at month-end.
- Service disconnection occurs for unpaid accounts on the 5th of the following month.
- If a late fee or disconnection date falls on a weekend or holiday, it will be processed on the next business day.

By signing below, I accept full responsibility for all utility charges and agree to the terms of service outlined by the Town of Biscoe.

Business Name:		
vraning Address:		
Primary Account Holder's Name:		
Driver's License Number:	Phone Number:	
Social Security Number:		

Secondary Account Holder's Name:		
Driver's License Number:	Phone Number:	
Social Security Number:		
For Renters Only:		
Landlord's Name:	Landlord's Phone Number:	
Statute Section 105A-3(c) to request it. The Bill set-offs against North Carolina tax refunds and	voluntary. The Town of Biscoe is authorized under North Carolina General ing and Collections Office may use your SSN for debt collection, including lottery winnings through the state's Debt Setoff Collection Program. This using to provide an SSN will not result in denial of service.	
Account Holder's Signature:	Date:	
STAFF USE ONLY:		
Primary Customer:	Secondary Customer:	
Property Address	Lease/Ownership Date:	
Documentation Type:	Work Order Date:	
Account Number:	Received By:	