

Town of Biscoe

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

Application for Utility Service – Residential

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 account fee:
 - i. \$75.00 for renters
 - ii. \$50.00 for owners
- 4. Payment of any prior outstanding debts.

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.

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

Service Address:

Mailing Address:

Primary Account Holder's Name:

Driver's License Number:

Social Security Number:

Driver's License Number:

Phone Number:

Secondary Account Holder's Name:

Phone Number:

Secondary Account Holder's Name:

Driver's License Number:

Social Security Number:

| For Renters Only: | |
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| Landlord's Name: | Landlord's Phone Number: |
| Providing your Social Security Number (SSN) is voluntary. The Statute Section 105A-3(c) to request it. The Billing and Collect set-offs against North Carolina tax refunds and lottery winning program helps recover unpaid utility debts. Refusing to provide | ctions Office may use your SSN for debt collection, including ags through the state's Debt Setoff Collection Program. This |
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| Account Holder's Signature: | Date: |
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| | |
| STAFF USE ONLY: | |

Secondary Customer:

Work Order Date:

Received By:

Lease/Ownership Date:

Primary Customer:

Documentation Type:

Property Address

Account Number: