

W/O # _____

Route _____ / Sequence _____

Vacant / Final _____

Acct # _____



TOWN OF RANLO

1825 Spencer Mountain Rd. ~ Gastonia, NC 28054

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RENTER'S APPLICATION FOR UTILITY SERVICES INSIDE THE TOWN OF RANLO

Please Print

APPLICANT'S NAME: _____

APPLICANT'S BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ADDRESS FOR SERVICE IF DIFFERENT FROM APPLICANT'S BILLING ADDRESS:
ADDRESS: _____

HOME/CELL NUMBER: _____ EMAIL: _____

PLACE OF EMPLOYMENT (NAME AND ADDRESS): _____

WORK NUMBER: _____

DRIVER'S LICENSE NUMBER OR ID NUMBER _____ (ATTACH COPY)

SOCIAL SECURITY NUMBER _____ (ATTACH COPY)

PLEASE GIVE THE FOLLOWING INFORMATION
WE MUST HAVE THIS TO FINISH PROCESSING YOUR APPLICATION

WRITTEN PROOF OF RENTAL AGREEMENT FROM THE LANDLORD

LANDLORD'S NAME AND ADDRESS: _____

_____ PHONE #: _____

CLERK PLEASE CHECK ALL SERVICES APPLIED FOR INCLUDING ANY DEPOSITS:

WATER	<u> X </u>
SEWER	<u> X </u>
TRASH PICK-UP	<u> X </u>
TRANSFER /CONNECT FEE	\$ <u> 15.00 </u>
DEPOSIT	\$ <u> 100.00 </u>
TOTAL	\$ <u> 115.00 </u>

I UNDERSTAND THAT **MY UTILITY BILL IS DUE BY THE 15TH** OF EACH MONTH. I ALSO UNDERSTAND A \$5.00 LATE FEE WILL BE APPLIED IF BILL IS NOT PAID BY 5 PM ON THE 15TH OF EACH MONTH. I ALSO UNDERSTAND THAT **IF I DO NOT PAY MY BILL BY 5 PM ON THE 25TH** OF THE MONTH, MY UTILITY SERVICE WILL BE DISCONNECTED FOR NON-PAYMENT.

IT IS FURTHER UNDERSTOOD THAT A **\$50.00** RECONNECTION FEE IS REQUIRED **IF MY BILL HAS NOT BEEN PAID BY 5 PM ON THE 25TH** OF THE MONTH.

IT IS FURTHER UNDERSTOOD THAT MY SERVICE MAY **NOT** BE INTERRUPTED; HOWEVER, ***I WILL HAVE TO PAY THE RECONNECTION FEE*** IF I PAY **AFTER 5PM ON THE 25TH** DAY OF THE MONTH FOR THE PREVIOUS MONTH'S WATER, SEWER, AND TRASH CHARGES. FAILURE TO RECEIVE BILL IN MAIL DOES NOT EXCUSE RESPONSIBILITY FOR TIMELY PAYMENT OR PREVENT DISCONNECTION. ____ (Initials)

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____

AMOUNT OF DEPOSIT: \$ 100.00

YOU MUST COME IN TO TOWN HALL TO MAKE PAYMENT AND PRESENT ID IN PERSON!

CLERK'S INITIALS _____ DATE _____