UTILITY SERVICE APPLICATION



ACCOUNT INFORMATION							
Name of Account:							
Joint Account: ☐ Yes ☐ No	Spouse Name:	:					
Service Address:			Lot Number:				
Date Service Required/Closing Date:		SSN:					
Newly constructed residence? ☐ Yes ☐ No		Name of	Name of Contractor:				
Previous tenant at this location:							
Do you (check one): ☐ Own	□ Rent - Landlord's Name	ž:					
Mailing Address:							
Training / tadi coo	Address		City	Sta	te	Zip	
Primary Phone:		Work Ph	none:	<u> </u>			
Primary Email:							
Drivers License Number:		State:	Are you a perm	anent resident?	☐ Yes	□ No	
	DEPOSIT	RESIDENTIAL \$150	COMMERCIAL \$175				
	WATER	\$150	\$175				
	Sewer	\$150	\$175				
GARBAGE BINS							
Utility service includes sanitation serv	rices. It is important to not	e that homeowners	shall have compliant garl	bage bins. Specific	cations for	town garbage	
bins can be found online at www.tow	nofbeechmountain.com or	· inquiries may be di	rected to Public Works	at (828) 387-928	32.		
UTILITY CUSTOMER AGREEMENT I hereby request utility service from t	he Town of Beech Mounts	oin at the address st	ated below. In requesting	utility sarvica I	accept ful	l responsibility	
for any charges, fees, penalties, or ot							
the Town that apply to the utility syst	,	•					
Signature:			Date:				
PLEASE RETURN COMPLETED A	PPLICATIONS TO TOWN HA	LL IN PERSON, BY MA	IL, OR BY EMAIL TO <u>rwarc</u>	d@townofbeech	mountai	n.com	
DATE RECEIVED:							
DATE RECEIVED.	LOCATION#:	PRO-RA	\TE:	% BEGIN REAL	D:		