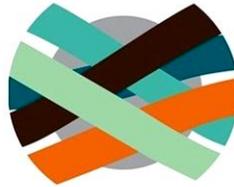


City of Claremont  
P.O. Box 446  
Claremont, N.C. 28610  
(828) 466-7255  
Fax (828) 466-7185



**CLAREMONT**  
NORTH CAROLINA

Account #: \_\_\_\_\_

Connect Date: \_\_\_\_\_

## Commercial & Industrial Utility Application

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Federal Tax Id Number: \_\_\_\_\_ and/or Social Security #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Attention To: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Do You Own ( ) or Rent ( ) Property?

Property Owner: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Deposit Required: \$ \_\_\_\_\_ (**Cash or Check Only**) ( ) Cash or ( ) Check #: \_\_\_\_\_

Please make all checks payable to: **City of Claremont**

*Please take proper steps to ensure the safety of your property before your service is connected or disconnected. Make sure all faucets are turned off. Please note that the City of Claremont will not assume liability for any damage done to your property from the result of connecting or disconnecting services because of any water outlet not properly secured.*

\*\*\*\*\*

Bills will continue to be calculated until applicant notifies the City of Claremont of termination of service. It is the applicant's responsibility to notify the City of termination of all services. The final bill will be calculated from the last meter reading at the time services are disconnected. Upon closing the account, the City will refund the deposit less any amount owed to the City or bill for the difference. The refund is paid by check to the account holder who is responsible for providing the City with a forwarding address. The City of Claremont, under G.S Chapter 105A, has the right pursuant to the N.C. Setoff Debt Collection Act to collect any sum due and owed by the applicant. If the City of Claremont chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act enacted by the NCAACC and the NCLM, the applicant agrees to pay all fees and penalties incurred through the setoff process, including but not limited to, fees and costs charged by the NCDOR, NCEL, N.C Capital Management Trust, N.C Local Government Debt Setoff Clearinghouse, Five Star Computing, and the City of Claremont. By signing this form, I hereby certify the information provided is accurate and true; and understand and agree to comply with the provisions of this contract.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

DATE: \_\_\_\_\_ WORK ORDER #: \_\_\_\_\_

BOOK #: \_\_\_\_\_ RT #: \_\_\_\_\_

METER READING: \_\_\_\_\_ BY: \_\_\_\_\_

COMPOUND: \_\_\_\_\_