



TOWN OF TARBORO
RESIDENTIAL UTILITY APPLICATION

Acct # _____

Applicant Name: _____ Applicant Phone: _____

Billing Address: _____

Email Address: _____ Enroll in E-Billing: _____

Property Owner: _____ Owner Phone: _____

Property Address: _____

Social Security No: _____ Driver's License No.: _____

Date of Birth: _____ DL State Issued: _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Have you had services with the Town of Tarboro before? [] Yes [] No

If yes, what was your address? _____

Co-Applicant Information:

**Skip this section if not applicable.

Co-Applicant Name: _____ Co-Applicant Phone: _____
Co-Applicant T.O.T. Account No.: _____ Co-Applicant DL No.: _____
Co-Applicant Date of Birth: _____ Co-Applicant SSN: _____

What date are services to begin? _____

Services Requested: (Select all that apply.)

[] Electric [] Water

I understand that service applications are subject to proper Zoning and approval/permits/inspections from the appropriate Town Departments including Fire, Inspections, Public Works, and/or Electric. It is the applicant's responsibility to provide all necessary information to process this application. Failure to do so may delay or prevent the connection of utility services. If residential services have been disconnected for more than 6 months prior to this application, an inspection will be required by the Town of Tarboro in order for services to be reinstated.

By signing below, I certify I have read and agree to all of the above, and to the best of my knowledge it is correct and truthful. If the applicant is a business entity, I also certify that I am an authorized representative of the entity.

I hereby make application for utility services as indicated above and agree to comply with all applicable codes and ordinances of the Town of Tarboro, North Carolina.

Signature _____ Date _____

Please include a copy of your lease & photo ID!

Office Use:

____ Applicant Identification _____ Connection Fee Paid _____ Initial
____ Copy of Lease or Verification of Ownership _____ Deposit Paid _____ Date