



# Residential Utility Application

**HOMEOWNERS REQUIREMENTS:**  Picture I.D.  Proof of property ownership

**DEPOSIT REQUIREMENTS FOR RENTERS:**

Applicants can meet the deposit requirement in one of four ways:

- a. \$200 for electric. (Deposit refundable upon good payment history for twelve (12) months), or;
- b. Two (2) current letters of credit which reflect good payment history for a period of at least one (1) year. One (1) letter must be from a utility company, or;
- c. The applicant is a previous customer of the Town within the past two (2) years and during the last 12 months had no more than two (2) late payments, or;
- d. Letter of guarantee from a Town of Wake Forest customer with good payment history.

**REQUIRED OF ALL CUSTOMERS:**  Picture I.D.  Minimum one (1) day's notice

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
APPLICANT'S PHONE NUMBER

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SPOUSE'S DRIVERS LICENSE NUMBER

\_\_\_\_\_  
SPOUSE'S DATE OF BIRTH

\_\_\_\_\_  
SPOUSE'S PHONE NUMBER

\_\_\_\_\_  
SERVICE ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (if different from above)

\_\_\_\_\_  
OWNER OF PROPERTY

\_\_\_\_\_  
OWNER'S PHONE NUMBER

\_\_\_\_\_  
PREVIOUS ADDRESS

\_\_\_\_\_  
HOW LONG AT THIS ADDRESS?

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
EMPLOYER'S PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE YOU WISH SERVICE TO BE CONNECTED

Have you previously had utility services with the Town of Wake Forest?  Yes  No

If answer is yes, please provide name listed on previous account: \_\_\_\_\_

I understand and agree that ALL utility bills are due when mailed by the Town and are payable no later than 15 days after the bill date. A \$5 late fee or 2% of the bill, whichever is greater, will be charged for payments not received by the 15th day following the bill date. **Failure to remit payment by the 25th day following the bill date can result in termination of service.** To reinstate terminated service, payments in full and a **reconnect fee will be due and payable.** The Town will only perform such reconnections between 8 a.m. and 5 p.m. Monday through Friday.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**METHOD OF DEPOSIT:**  Cash  Check  Letters of Credit Accepted by \_\_\_\_\_

A new service fee of \$15.45 will appear as an adjustment on your first bill and is non-refundable.

