

**TOWN OF NORTH WILKESBORO  
UTILITY SERVICE APPLICATION**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Clerk: \_\_\_\_\_

**BUSINESSES MUST HAVE ZONING APPROVAL AND/OR PRIVILEGE LICENSE  
BEFORE UTILITY SERVICE CAN BE ESTABLISHED**

**Zoning Approval** \_\_\_\_\_ **Privilege License** \_\_\_\_\_  
(initials) (initials)

**CUSTOMER NAME:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Tax ID # \_\_\_\_\_

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**CO-APPLICANT NAME:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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**SERVICE ADDRESS:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYER:** \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**REFERENCE:** \_\_\_\_\_ Reference Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

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Customer agrees to pay Town of North Wilkesboro in full for utility services. Customer understands that if payment is not received by the due date on monthly billing statements, service will be suspended and late penalties will be assessed accordingly. The Town reserves the right to use an outside collection agency for collection of unpaid debt.

Customer:

\_\_\_\_\_

(Signature)

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