



TOWN OF BLOWING ROCK
PO Box 47 Blowing Rock, NC 28605
Telephone: 828.295.5200 Fax: 828.295.5202
utilitybilling@townofblowingrocknc.gov

WATER/SEWER SERVICE APPLICATION

Application Date: _____ **Effective Date of Service:** _____

Name: _____

Property Owner/Landlord (if applicable): _____

Others Authorized to speak to us or make changes to your service/account:

Service Address: _____

Mailing Address: _____

Telephone: _____ **Alternate Telephone:** _____

Social Security Number/Drivers License Number:

*Per NC statute GS132-1.10(b)(1) " a local government utility is permitted to request a customer's Social Security number upon submission of application for water service. This information may be used by the Town of Blowing Rock for purposes of utilizing the NC Debt SetOff collection program on delinquent accounts.

Email Address: _____

Please check here to be added to the Town of Blowing Rock's general email distribution list and receive periodic information regarding Town activities and items of general interest. Your email address will not be shared with others.

Preferred Method of Contact: mail _____ phone _____ email _____

Electronic Billing? YES _____ NO _____ ***Draft Payment?** YES _____ NO _____

*If draft payment is selected, we will send you an authorization form to be completed and returned to Town of Blowing Rock Attn: Utility Billing Coordinator, PO Box 47, Blowing Rock, NC 28605.

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□ Please check for properties that are part of a gated community and have secured access – call the Blowing Rock Police Department at 828.295.5212 to provide information so police and fire personnel will be able to access your property in the event of an emergency.

□ Please check here if you would like to be enrolled in the CodeRed notification program. The CodeRed emergency notification system provides the Town of Blowing Rock with a telephone calling system capable of delivering customized messages such as water disruptions, directly to homes, businesses and mobile telephone users. To enroll, complete the information below:

Street Address: _____
(location details to base monitoring on, no PO Box)

Contact Person: _____

Email Address: _____

Phone Number #1 _____ (mobile Y/N)

Phone Number #2 _____ (mobile Y/N)

Acknowledgement

Statements are mailed out every two months. They are to be paid on or before the due date indicated on the front of each statement. Your account is subject to a late penalty if statements are not paid by the indicated due date. If statements are not paid within thirty (30) days from the past due date, service is subject to termination and a \$50.00 reconnection fee will be assessed.

I hereby request utility service from the Town of Blowing Rock at the service location stated above. In requesting utility service I accept full responsibility for any charges, fees, penalties or other obligations incurred by this account. I also agree to abide by all present and future regulations of the Town of Blowing Rock that apply to the utility system.

Account Owner Signature

Date

Printed Name

*** Office Use Only ***

Deposit Paid – Check Number _____

Account# _____

Route# _____ Sequence# _____