

ACCOUNT NUMBER: _____

CLERK: _____

TOWN OF SPRING HOPE

UTILITY SERVICE AGREEMENT

TODAY'S Date: _____

Date to ACTIVATE Service: _____

NAME OF APPLICANT: _____

Date of Birth: _____ Social Security #: ____ - ____ - ____ Driver License #/ID: _____

PHONE #: Home: _____ Work: _____ Cell: _____

E-MAIL Address: _____

EMPLOYER's Name: _____

Employer's PHONE: _____

Employer's ADDRESS: _____

NAME OF CO-APPLICANT: _____

Date of Birth: _____ Social Security #: ____ - ____ - ____ Driver License #/ID: _____

PHONE #: Home: _____ Work: _____ Cell: _____

E-MAIL Address: _____

EMPLOYER's Name: _____

Employer's PHONE: _____

Employer's ADDRESS: _____

SERVICE ADDRESS: _____

OWN _____ RENT _____

Landlord's Name: _____

How many people live in your house? _____

Is this a new business account? ☐ If yes, have you
obtained zoning approval from the Town Manager? ☐Have you, your spouse or household member ever lived in Spring
Hope or had a Spring Hope water account before? Yes ☐ No ☐

BILLING ADDRESS: _____

REFERENCE: _____

Address: _____

Phone: _____ RELATIONSHIP: _____

Are you interested in having your bill payment automatically DRAFTED from your bank account each month?** ☐ YES ☐ NO*(NOTE: Bank drafts are drawn on the 15th of each month. If you opt to have your monthly bill electronically drafted from your bank account, we will WAIVE the \$50.00 CONNECTION FEE today.)NOTE: If YES, a completed, signed Bank Draft Authorization form is required to activate this free service.***To induce the Town of Spring Hope to accept this service application and provide requested utilities, Customer hereby agrees to comply with all town rules and regulations and to promptly pay for all utility services received.*

**Applicant Signature: _____ Date: _____

**Co-Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY:UTILITIES APPLIED FOR: ☐ WA ☐ GA ☐ SW ☐ CI

FEES:

WATER: DEPOSIT \$ 150.00 (Refundable)
CONNECTION FEE \$ 50.00 (Non-Refundable)Voided Check Provided by Customer: ☐ Y ☐ NHomeowner/ Deposit Waived: ☐ Y ☐ NConnection Fee Waived: ☐ Y ☐ NZoning Permit if required: ☐ Y ☐ N

TOTAL DUE: \$ _____

"This institution is an equal opportunity provider"

ACCOUNT NUMBER: _____

CLERK: _____

TOTAL AMOUNT PAID: \$ _____ Date PAID: _____ Paid by: *Cash MC VISA* Check # _____

FOR OFFICE USE ONLY

1. ____ Utility Service Agreement completed
2. ____ Copy of Driver's License
3. ____ Social Security # Verified
4. Deposit: ____ PAID ____ WAIVED
5. Connection Fee: ____ PAID ____ WAIVED
6. Bank Draft? ____ Yes ____ No
7. ____ Bank Draft Authorization received
8. ____ Rates/Info sheet given to customer
9. ____ Resident's Guide (*Envirolink brochure*) given to customer
10. ____ Added to PHONE TREE
11. ____ Water turned ON