



Residential Service Application

City of Mount Holly
400 E. Central Ave
PO Box 406
Mount Holly, NC 28120
Phone (704)827-3931 or Email Utilitybilling@motholly.us

Name: First: _____ MI: _____ Last: _____
 Date of Birth: _____ SS #: _____ Drivers License #: _____
 Phone #: _____ Cell #: _____
 Email: _____
 Service Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address if Different than Service: _____
 City: _____ State: _____ Zip Code: _____ Request Date to be turned on _____

CO APPLICANT INFORMATION:

Name: First: _____ MI: _____ Last: _____
 Date of Birth: _____ SS#: _____ Drivers License #: _____
 Phone #: _____ Cell #: _____ Email: _____

I will be **RENTING** _____ **PURCHASING** _____ the property
Note: If this is a rental home attach lease agreement and please list landlords name, address, and phone number below.
 Landlord name: _____ Address: _____
 Phone #: _____

The social security number is collected from any person who may become a debtor for purposes of Debt Setoff Collection, G.S. 105A-3©. The information may be used for collection.

The utility bill is due on the 16th of every month. Bills not paid by the 16th will be assessed a \$15.00 late fee. Accounts that are still in the arrears as of 5:00 PM on the 26th of the month will be subject to an additional delinquent penalty of \$30.00 and disconnection of service. Failure to receive a bill in the mail does not excuse your responsibility for timely payment or prevent disconnection of service.

I have read this agreement and I agree to these terms. By signing this application, I agree to abide by all current and future polices stated in the City of Mount Holly Utility Billing Procedures Policy.

Signature: _____ **Co applicant:** _____ **Date:** _____

New Containers:

Account Number: _____	Deposit: \$50.00 inside \$65.00 outside city limits
Turn on Date: _____	Reading: _____
Work Order #: _____	Completed: _____