



# CITY OF SALUDA

## NORTH CAROLINA

### Utility Service Application

**MAYOR**  
Tangie Morgan  
**CITY MANAGER**  
Steven Orr  
**COMMISSIONERS**  
Mark Oxtoby Paul  
C. Marion Stan  
Walker Melanie  
Talbot

Date Form Completed \_\_\_\_\_ Date Service Requested \_\_\_\_\_

Occupant's Name \_\_\_\_\_

Service Address (not PO Box) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ *By providing an email address, you are automatically enrolled in paperless billing. If you wish to opt-out of paperless billing, you must inform the City of Saluda.*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (If not provided, you must sign up for auto-draft)

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

To comply with our Identity Theft Prevention Program, the City of Saluda requires all applicants to furnish a Federal or State issued photo I.D., a copy of which will be attached and retained with this application.

Employer \_\_\_\_\_

Please Indicate  I own this property  I will be renting this property  
\$50 inside city deposit \$150 renter's deposit  
\$75 outside city deposit

If you are not the owner of this property, please provide the following information:

Owner/Landlord \_\_\_\_\_

Owner/ Landlord Address \_\_\_\_\_

Owner/Landlord Phone Number (\_\_\_\_) \_\_\_\_\_

Customers with multiple utility accounts shall have unpaid balances removed from their inactive accounts and transferred to their active accounts to require payment. The transferred balance will be treated as a balance due and payment must be received in order to continue utility service. In submitting this application, I verify that I understand the billing rules and regulations, including the water and sewer ordinance, disconnect policy, and meter tampering penalties relating to my account. I verify that I have received a copy of the utility rate schedule and billing cycle information. The City of Saluda is authorized by NCGS 105A to collect social security number information from customers to assist in settlement of unpaid balances for service. As required by NCGS 132-1.8, this information will be protected and not available for public inspection. In accordance with the 2001 North Carolina Privacy Act, disclosure of the requested information is voluntary; however, failure to provide information may result in delayed processing of your application.

**PLEASE REVIEW ALL UTILITY SCHEDULE OF FEES BEFORE SUBMITTING APPLICATION. PLEASE NOTE, SOLID WASTE SERVICES ARE REQUIRED FOR ALL INSIDE CITY UTILITY CUSTOMERS.**

Applicant's Signature \_\_\_\_\_

**Office Use Only** Date Received \_\_\_\_\_ Received By \_\_\_\_\_