

OFFICE USE ONLY:

Turn on Date _____ Account # _____ Fee _____
Meter ID # _____ Meter Reading _____

APPLICATION FOR UTILITY SERVICE***** ACCOUNTS ARE BILLED MONTHLY *******A. RESIDENTIAL:**

First Name _____ MI _____ Last Name _____
SSN _____ DOB _____ Drivers License# _____
Co-Applicant Name _____
Service Address _____
Street _____ City _____ State _____ Zip _____
Mailing Address _____
Street _____ City _____ State _____ Zip _____
Phone _____ Email _____
Employer _____ Phone _____
How would you like to receive your bill? ☐ Paper Bill -or- ☐ Electronic Bill

B. COMMERCIAL:

Name of Business _____
Tax ID# _____ Phone _____
Contact Person Name _____
Service Address _____
Street _____ City _____ State _____ Zip _____
Mailing Address _____
Street _____ City _____ State _____ Zip _____

C. OWNER OF PROPERTY/LANDLORD INFORMATION:

Owner/Landlord Name _____ Phone _____
Service Address _____
Street _____ City _____ State _____ Zip _____

D. BOIL WATER NOTICES: SIGN UP FOR CANTON ALERTS

In the event of a boil water notice we will immediately post details on our website at CANTONNC.COM/BOIL-ADVISORIES for you to view at your own discretion, or you can receive a real-time notification by signing up for Canton Alerts. These are the ONLY two ways we provide notices. You will also be alerted about other emergencies, road closures, and important community news.

Sign me up for: ☐ Text Alerts ☐ Voice Alerts ☐ Email Alerts ☐ OPT OUT

By signing this I (stated above) acknowledge that the Town of Canton has explained my responsibilities as a utility customer and also the payment schedule (**BILLS ARE SENT MONTHLY**); thus binding myself to comply with all of the requirements thereof or be held to subsequent penalties as provided by law. In addition, I accept responsibility for my damage to property due to water being turned on in my absence.

Print Name _____ Signature _____