



TOWN OF LA GRANGE

203 South Center Street
PO Box 368
La Grange, NC 28551
(252) 566-3186 – phone (252) 566-2201 – fax

APPLICATION FOR SERVICE AND DEPOSIT RECORD

RESIDENTIAL CUSTOMERS

PLEASE PRINT

CUSTOMER NAME: _____ DATE: _____

SERVICE LOCATION: _____ MAIL ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

HOME PHONE: _____ EMERGENCY CONTACT: _____

SERVICES REQUESTED: ___ ELECTRICITY ___ NO. GARBAGE CARTS
___ NO. AREA LIGHTS ___ WATER ___ SEWER

I understand that the Town requires garbage pickup and has a monthly landfill charge. I understand that all charges on the account are my responsibility until paid in full after services have been disconnected. I understand that utility bills are due no later than 5:00 p.m. on the 15th of each month; a late fee of \$10.00 will be assessed for late payment and if not paid by 5:00 p.m. on the 20th of the month service will be disconnected and an additional fee of \$50.00 will be assessed. I understand that I will be liable for any fee or charge assessed to this account for unlawfully tampering with and/or damage to the service lines owned by the Town of La Grange until I move from this service address and notify the Town of La Grange of moving from the service address.

By signing below I certify that all above information provided by me is true and accurate at the time of this application; it is my responsibility to notify the Town of La Grange of any changes to the above information and that I have received a copy of the Town of La Grange's Sewer Use Ordinance.

Customer: _____ Date: _____

Town Employee: _____ Date: _____

(Sewer Use Ordinance Delivered)