



UTILITY SERVICE AGREEMENT

Applicant Name (legal name) _____

Service Address _____

City, State _____ Zip Code _____

Billing Address _____

Spouse's Name _____ Spouse's Phone _____

Drivers License No. _____ State _____ Social Security No. _____ *initial section below

Phone No. (primary) _____ Phone No. (alternate) _____

Email Address _____

If Business Account, please provide Contact Name _____ Fed Tax ID# _____

Own () Rent () (Note that lease or proof of rental must be provided)

If Renter, provide Landlord Name _____ Landlord Phone _____

Date requested to start new service _____

Are you a current MVSD customer, or have you had prior service with MVSD? Current () Prior () No ()

If yes, please list service address _____

If disconnect is requested on current address, please provide date _____

STATEMENT OF AGREEMENT:

This agreement, when signed by the customer and a MVSD representative, is a contract under which MVSD agrees to furnish water and the customer agrees to pay for such service in accordance with applicable rates and fees, and abide by the terms of service. If applicable, customer will be billed by MVSD for sewer and/or sanitation services furnished to customer by the Town of Maggie Valley, in accordance with applicable rates, fees, and terms of service established by the respective entities.

There is no outstanding delinquent debt for utility services, fees or penalties due to MVSD, under agreement, written or implied, made by me or by another person who is now or has been a member of my household or who resides at the above address, and I am responsible for the payment of all utility service charges at this address and for conformance with the terms of this agreement and all policies of MVSD.

I agree that MVSD has the right to enter upon my property for the purpose of maintaining and operating its facilities, and may exercise the right to discontinue services and remove its facilities in case of violation of any of the terms of this agreement, or if any of the information I have provided is found to be incorrect.

*Disclosure of SSN is voluntary, and will be used for collection of delinquent balances to the North Carolina set-off debt collection program and/or a third party collection agency.

_____ Initials

 Customer MVSD Authority Date

Fees & Charges: Water Deposit _____
 Water/Sewer Deposit _____
 Sewer Deposit _____
 Connect / Reconnect _____
 Tap _____
Total Due _____

Cash Check CCD