



# UTILITY SERVICE AGREEMENT

Applicant Name (legal name) \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Phone \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Social Security No. \_\_\_\_\_ \*initial section below

Phone No. (primary) \_\_\_\_\_ Phone No. (alternate) \_\_\_\_\_

Email Address \_\_\_\_\_ Email billing? Paperless billing? Bank Draft?

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

\_\_\_\_\_

CustomerMVSD AuthorityDate

**Fees & Charges:**

Water Deposit	_____	
Water/Sewer Deposit	_____	
Sewer Deposit	_____	
Connect / Reconnect	_____	
Tap	_____	
<b>Total Due</b>	_____	

Cash  Check  CCD