



VILLAGE OF BALD HEAD ISLAND

Utility Service Agreement

Applicant

Co-Applicant

Name: First, MI, Last _____	Name: First, MI, Last _____
License# _____ State _____	License# _____ State _____
* Social Security # _____	* Social Security # _____
E-mail Address _____	E-mail Address _____

* Social Security Number may only be used in an effort to collect any unpaid balances. This includes collections efforts through the State of North Carolina Debt Set-Off Program.

Billing Information

Island Address: _____

Billing Address: _____

Island Phone Number: _____

Contact Phone Number: _____

Service Effective Date: _____

In order for the Village of Bald Head Island to accept this application and provide utilities to Customers, the Customer agrees to comply with all Village rules and regulations, current and future and to promptly pay for all utilities received.

Applicant Signature

Date

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Co-Applicant Signature

Date

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If you have any questions, please feel free to contact Daralyn Spivey at (910) 457-9700 or Ken Bowling at (910) 457-7351. *****Please fax this form to Daralyn Spivey at 910-457-6206*****

For Office Use Only Account # _____ Date received in Office _____