



Town of Dobson

New Account Setup Form

I AM REQUESTING SERVICES AS OF THE FOLLOWING DATE: ____ / ____ / ____

FULL NAME:	
SERVICE ADDRESS:	
MAILING ADDRESS FOR BILLS:	
TELEPHONE:	
ALTERNATE TELEPHONE:	
RENT OR OWN:	

RENTERS ARE REQUIRED TO PAY A FULLY REFUNDABLE DEPOSIT PRIOR TO RECEIVING SERVICES:

\$75.00 RESIDENTIAL DEPOSIT	SOCIAL SECURITY NUMBER: _____
\$125.00 RESIDENTIAL DEPOSIT	SSN NOT REQUIRED
\$200.00 COMMERCIAL DEPOSIT	SSN NOT REQUIRED

DEMOGRAPHIC INFORMATION The Town's utility systems are funded in part by federal loans and grants that require The Town to collect and report demographic information about our customers to ensure services are being provided in a non-discriminatory fashion.

<u>GENDER</u>	<u>RACE</u>	<u>ETHNICITY</u>
<input type="checkbox"/> MALE	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> FEMALE	<input type="checkbox"/> Black/African American Native <input type="checkbox"/> Hawaiian/Other Pacific Islander	<input type="checkbox"/> Not Hispanic or Latino

Account holder agrees to pay monthly bills by cash, check, or electronic draft by the 20th of each month. If not paid on or before the 20th of the month a 10% penalty will apply. If payment is not received by the 29th of each month service will be disconnected until the past due amount is paid in addition to a \$25 reconnect fee. Insufficient funds on checks and electronic draft will result in a \$25 return check fee. All fees and rates are subject to change by the Dobson Board of Commissioners. Tampering with meters or backflow devices, or violating ordinances related to water and sewer utilities may result in service termination. Account holder will be liable for any balance on the account until the account is transferred or terminated. The Town of Dobson may release information to collection services who may charge additional collection fees to account holder. The Town of Dobson is an equal opportunity service provider.

I hereby agree to the above service agreement.

Signature: _____ Date: _____

Office Use Only

<input type="checkbox"/> Renter Deposit Not Applicable	<input type="checkbox"/> Initial meter reading taken	Account Number: _____
<input type="checkbox"/> Check Deposit Received	<input type="checkbox"/> Account setup in billing software	
<input type="checkbox"/> Cash Deposit Received		