City of Pineville APPLICATION FOR UTILITY SERVICE

Date	New Account #:	
Applicant Name:		Phone #:
Social Security #:		ense #:
Last Address:	State	ZIP Code
Place of Employment:		Phone #:
New Address:	State	ZIP Code
		House or Trailer
Mailing Address:	State	ZIP Code
Spouse Name:		
Social Security #:	Drivers Lice	ense #:
All persons 18 yrs or older living in household (not yoursel		ADD DISCONNECT DISCONNECT TRANSFER NT #:
Nearest Relative		Dhone #:
Not Living There:	State	Phone #:
Applicants agree that all the information given is true and corre	ect.	
The failure of a customer to pay water charges that are duly im following penalties: (1) Nonpayment by the due date will be subject to a penalty of (2) In the event it becomes necessary to shut off water from a charged to reconnect the service. Applicants Signature:	10% of the delinqu	ent account.
Applicants signature.		C3 IIV I.

PRIVACY NOTICE: The City of Pineville in compliance with "THE PRIVACY ACT OF 1974" 5 U.S.C. 552A (Records maintained on individuals; Sub-Section e3A) request the above information on all utility customers. This information will be used by the Utility Department strictly for the purpose of updating and maintaining utility records.