Applicant Name (legal name) _____

Service Address _____

City, State _____ Zip Code _____

Drivers License No. _____State _____ Social Security Number _____ *initial section below

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

Email Address _____ Pass Code (if you desire exclusive access to your account) _____

Spouse's Name _____ Spouse's Phone _____

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 TOF customer, or have you had prior service with TOF? Current ( ) Prior ( ) No ( )

If yes, please list service address _____

If disconnect is requested on current address, provide date _____

STATEMENT OF AGREEMENT:

This agreement, when signed by the customer and a Town of Franklin representative, is a contract under which the Town of Franklin agrees to furnish water and/or sewer and the customer agrees to pay for such service in accordance with applicable rates and fees, and abide by the terms of service.

There is no outstanding debt for utility services, fees or penalties due to the Town of Franklin, under an 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 the Town of Franklin.

I agree that the Town of Franklin has the right to enter 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 Town of Franklin Date

Fees & Charges: Unpaid Balance _____
Deposit _____
Reconnect _____
Tap/Availability _____
Total Due _____ Cash ☐ Check ☐ CCD ☐