TOWN OF NEWTON GROVE PLEASE RETURN TO **Utility Service Application** Town of Newton Grove 304 W Weeksdale St PO Box 4 Date: DEPOSIT: \$150.00 - Renter Newton Grove, NC 28366 \$ 75.00 – Homeowner Phone: 910-594-0827 Fax: 910-236-9018 APPLICANT INFORMATION Date of Birth: Name: _____ SSN: _____ DL#/State: _____ Phone Number: _____ Work Phone: _____ SERVICE LOCATION Address: Billing Address: Customer agrees to pay the Town of Newton Grove in full for utility services. Customer understands that if payment is not received by the due date on monthly billing statements, then service will be suspended and late penalties and fees will be assessed accordingly. (Printed Full Name) (Signature) (Date) OFFICE USE ONLY TOWN LIMITS YES NO RESIDENTIAL YES NO

DEPOSIT PAID

READING AT CUT-ON

NEW ACCOUNT NUMBER _____