



TOWN OF WALLACE

316 East Murray Street
Wallace, NC 28466
Phone: 910-285-4136
Fax: 910-285-5135
mail@wallacenc.gov

Application for Utility Services

UTILITY SERVICE CHECKLIST

Welcome to the Town of Wallace! We're glad you're here. This checklist is provided to help you gather the necessary information we need to setup your utility account. You can turn your completed application in with your other documents at Town Hall 316 East Murray Street, fax them to 910-285-5135, or email them to mail@wallacenc.gov

Service connection will be delayed if all of these documents are not provided.

THE FOLLOWING DOCUMENTS ARE REQUIRED TO ESTABLISH SERVICE

- Completed Town of Wallace Utility Service Application
- State or Federal Issue Photo ID for **ALL** applicants
- Voided check or a letter from your bank with your routing and account number, if you are participating in bank draft
- Proof of Social Security Number for **ALL** applicants
- FOR RENTERS: A copy of your signed lease
- FOR OWNERS: A copy of your deed or closing statement

ALL TOWN ACCOUNTS MUST BE CURRENT BEFORE SERVICE CAN BE SET UP

MOVING OR CLOSING YOUR ACCOUNT

YOU WILL CONTINUE TO BE BILLED EACH MONTH AND WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL YOU REQUEST SERVICES BE DISCONNECTED

Please remember to notify us when you move or close your account. You can let us know by phone, fax, mail or email. Please provide forwarding address for the final bill

**Our office is open Monday - Friday 8 am - 5 pm
Completed application must be in our office by 3:00pm for same day service, however
we cannot guarantee same day service**



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YOUR UTILITIES & BILLING AT A GLANCE

Payment options

- **Bank Draft:** FREE! Never have a late fee or penalty again!
- **Online:** Save time, save gas, save a stamp! Go to our website at www.wallacenc.gov and click "Bill Payments" at the top right corner of the page.
- **Mail:** Send to 316 East Murray Street Wallace North Carolina 28466
- **Outdoor Drop Box:** Use our drive-up drop box located in the front of Town Hall. Only for check and money orders, but **not cash**.
- **Pay in Person:** We take cash, check or money order at our Utilities & Billing Department, located at Town Hall We're open during regular business hours, weekdays from 8:00 a.m. to 5:00 p.m.

Utility Connection Fee

The Town does not charge a deposit on accounts. A NON-REFUNDABLE utility connection fee is required to start service. Utility connection fees are based on the following schedule.

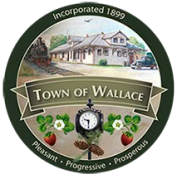
| UTILITY CONNECTION FEE | |
|-------------------------|----------|
| IN-TOWN RESIDENTIAL | \$ 60.00 |
| IN-TOWN COMMERCIAL | \$100.00 |
| OUT-OF-TOWN RESIDENTIAL | \$120.00 |
| OUT-OF-TOWN COMMERCIAL | \$200.00 |

Due Date, Penalties, Non Payment Collection

- Bills are due on the 10th of the month.
- A \$50.00 late fee is added to your bill if ANY balance has not been paid by the 15th of the month.
- If the Town is unable to collect from a closed past due account within 60 days, we will use an outside collection company. Please be advised that these companies report to the 3 credit reporting agencies.
- If the Town must pursue collections for an unpaid balance, we can collect from your NC State Income Tax Refund, lottery winnings or any other funds due to you from the State

Returned Checks/Drafts

- The Town's returned check/draft fee is \$25.00.
- The Town will contact you at the phone number on the account (please keep your phone numbers current).
- You will have 48 hours to pay the returned amount plus the \$25.00 fee. If you do not make a payment within the 48 hours, your services **will be** disconnected.
- A 2nd returned check will make you "cash only", meaning that the Town will only accept cash, money order, cashier's check, or debit card/credit card as types of payments.
- A 2nd returned draft will get you removed from the bank draft plan
- A returned check for a connection fee results in an immediate disconnection without benefit of prior notification.



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| OFFICIAL USE ONLY | |
|--------------------------|-------------------------|
| SS# Verified _____ | Photo ID Verified _____ |
| Lease/HUD _____ | |

UTILITY SERVICE APPLICATION

Temporary Service New Service Update Disconnect Service

___ YES - I want free e-billing! ___ NO - Mail my bill to my home.

Date service to be activated: _____

| | |
|----------|---------|
| ___ RENT | ___ OWN |
|----------|---------|

Service Address: _____

Mailing Address: _____

| <u>Applicant Information:</u> | <u>Co-Applicant Information:</u> |
|-------------------------------|----------------------------------|
| Name: _____ | Name: _____ |
| Social Security # _____ | Social Security # _____ |
| Driver's License # _____ | Driver's License # _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Email: _____ | Email: _____ |
| Phone #: _____ | Phone #: _____ |

Have you or any other occupant at this address ever had a utility account with the Town?

Yes, please state address: _____

No, please initial: _____

Who was your previous utility provider? _____

Did you leave owing a balance to this utility provider and if so, how much? _____

Name of Landlord: _____ Phone: _____

Name of relative not living with you: _____

Address of relative: _____ Phone: _____

Emergency Contact: _____ Phone: _____

You certify that you are eighteen years of age or older, that the above information is accurate, and that you will be responsible for payment of the entire bill upon termination of service. Additionally, if the Town determines that you or any other occupant at this address owes past due balances to the Town, you/us will be responsible for payment of those balances and any associated fees. You agree in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us.

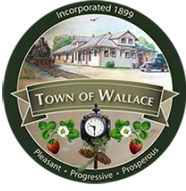
I/We have read this disclosure and agree that the Town of Wallace may contact me/us as described above.

Signature

Date

Signature

Date



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EEOC DATA COLLECTION

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

| | | |
|--------------------------|---|---|
| Ethnicity | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
| Race: | | |
| <input type="checkbox"/> | American Indian/Alaskan | |
| <input type="checkbox"/> | Native Asian | |
| <input type="checkbox"/> | Black/African American | |
| <input type="checkbox"/> | Native Hawaiian/Pacific | |
| <input type="checkbox"/> | Islander White | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female |