



CITY OF RANDLEMAN

204 S Main Street
Randleman, North Carolina 27317
(336) 495-7500/ Fax: (336) 495-7503
www.cityofrandleman.com

Application for Utility Services – Residential

*Denotes Required Fields

*Property Address:
*Mailing Address:
*Service Requested (Start) Date:

APPLICANT INFORMATION: PLEASE PRINT LEGIBLY

*Contact Name (1):		Social Security Number (1):
*Identification Type (1):	*Identification Number (1):	*Id Expiration Date (1):
*Contact (1) Personal Phone:		*Contact (1) Work Phone:
*Contact (1) Email Address:		
DISCLOSURE: I understand the disclosure information needed to apply for service, billing periods, late fees and disconnection of service for non-payment. I also, hereby, certify that the above listed information is correct, and I take personal responsibility to ensure that while this account is active, it will remain in good standing with the City of Randleman and accept any consequences associated with delinquency of the account. I also understand that my Social Security Number may be used in the collection of owed amounts and that its disclosure is strictly voluntary.		
*Signature:		*Date:

Contact Name (2):		Social Security Number (2):
Identification Type (2):	Identification Number (2):	Id Expiration Date (2):
*Contact (2) Personal Phone:		*Contact (2) Work Phone:
*Contact (2) Email Address:		
DISCLOSURE: I understand the disclosure information needed to apply for service, billing periods, late fees and disconnection of service for non-payment. I also, hereby, certify that the above listed information is correct, and I take personal responsibility to ensure that while this account is active, it will remain in good standing with the City of Randleman and accept any consequences associated with delinquency of the account. I also understand that my Social Security Number may be used in the collection of owed amounts and that its disclosure is strictly voluntary.		
Signature:		Date:

RENTERS' DOCUMENTATION: PLEASE PRINT LEGIBLY

Landlord:	Landlord Contact #:
Documentation Type (Circle One): Copy of Lease Agreement or Landlord Verification Form (Attach a copy of documentation to Application)	

For Office Use Only:			
Cut-on	Route #:	Deposit:	
Cut-off	Sequence #:	Cash: \$ _____	
Acct. Transfer	Account #:	Check: \$ _____ #: _____	
Meter Reading:		Work Order Completed by:	
Special Instructions:			

NOTICE OF THE USE OF SOCIAL SECURITY NUMBERS: Disclosure of a customer's social security number is voluntary. The request for a customer's social security number is authorized by Section 105A-3(C) of the North Carolina General Statutes. Social Security numbers collected by the city's billing and collections office will be used to confirm the identity of the customer, by means of matching the number with information found in the city's databases, when collection efforts are undertaken to recover debts that are not paid voluntarily and in a timely manner by a customer. These collection efforts will include set-offs against customers' North Carolina income tax refunds and lottery winnings by means of the NC Debt Set-off Collection Program. This program is used by the City of Randleman to collect debts that arise in connection of the provision of water service, sewer service, and/or the environment services such as the collection of garbage, brush, white goods, etc. Access to personal information such as identification, social security number and bank account information are only accessible by Authorized City Personnel and are stored within the records vault located at City Hall. (Updated: 01/22/2020)