



VILLAGE OF BALD HEAD ISLAND

Utility Service Agreement

Applicant

Co-Applicant

Name: First, MI, Last _____	Name: First, MI, Last _____
License# _____ State _____	License# _____ State _____
* Social Security # _____	* Social Security # _____
E-mail Address _____	E-mail Address _____

Optional Information: (Buying Agent or Property Management): _____

* Social Security Number may only be used in an effort to collect any unpaid balances. This includes collections efforts through the State of North Carolina Debt Set-Off Program.

Billing Information

Island Address: _____

Billing Address: _____

Island Phone Number: _____

Contact Phone Number: _____

Service Effective Date: _____

Other Contact Number: _____

In order for the Village of Bald Head Island to accept this application and provide utilities to Customers, the Customer agrees to comply with all Village rules and regulations, current and future and to promptly pay for all utilities received.

Applicant Signature

Date

--	--

Co-Applicant Signature

Date

--	--

If you have any questions, please feel free to contact Gina Hinson at (910) 457-9700 ext 1000 or Village Utilities Director at (910) 457-7351.

You may **fax** or **e-mail** this form to Gina Hinson at: 910-457-6206 / ghinson@villagebhi.org

For Office Use Only Account # _____ Date received in Office _____