



Village of Bald Head Island

Utility Service Agreement

Applicant

Co-Applicant

Name: First, MI, Last _____	Name: First, MI, Last _____
License # _____	License # _____
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 # _____	Phone # _____
Service Effective Date: _____	Phone # _____

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

If you have any questions feel free to contact Gina Troll at (910) 457-9700. You may fax or e-mail this form to Gina Troll (910) 457-6206 or gtroll@villagebhi.org

PO BOX 3009 BALD HEAD ISLAND, NC 28461
(910) 457-9700 * FAX (910)457-6206 * WEBSITE: <http://www.villagebhi.org>*