



## City of Clinton Application for Utility Service

(Please print)

Date requested \_\_\_\_\_  Turn on  Turn off

Service address \_\_\_\_\_

Please check one: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

**Mailing address (if different)** \_\_\_\_\_

### Applicant's information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's license number \_\_\_\_\_

Phone number (C) \_\_\_\_\_ (H) \_\_\_\_\_ Email \_\_\_\_\_

*(This phone number will be enrolled in the City of Clinton's notification system)*

### Co-applicant's information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's license number \_\_\_\_\_

Phone number (C) \_\_\_\_\_ (H) \_\_\_\_\_

### Please fill out this section if renting

Landlord's name \_\_\_\_\_

**\$125.00 DEPOSIT REQUIRED IF RENTING**

**OR**

**Transfer deposit from account number or address** \_\_\_\_\_

The undersigned does hereby make application for utility services at the premises indicated and agree to observe rules and regulations of the City of Clinton. I also understand that the information on this application will be used to aid in collecting delinquent accounts. The City of Clinton will submit the SSNs of delinquent customers to the State's set-off debt collection program to recover past due utility bills.

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

City of Clinton Utility Billing Department  
Phone: 910-299-4909 Fax: 910-592-7416  
customerservice@cityofclintonnc.com

Revised 4-15-21