

**HILLSVILLE WATER AND WASTEWATER SYSTEMS**  
**APPLICATION FOR UTILITY SERVICES**

Account Name: \_\_\_\_\_

Location of Service: \_\_\_\_\_

METHOD OF BILL DELIVERY (PLEASE CHOOSE ONE): \_\_\_\_\_ Mail \_\_\_\_\_ Email

Mailing Address IF DIFFERENT THAN LOCATION:  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**TWO FORMS OF IDENTIFICATION REQUIRED—office personnel will make copies & attach to application:**

One photo ID (valid Driver's License, Photo ID card, Military ID, or Resident Alien card);

Name verification ID (social security card, insurance card, voter registration card, valid Debit/Credit card)

Social Security #, Resident Alien card, or Fed. ID # (for business): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

(Work) \_\_\_\_\_

Account #: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Clerk: \_\_\_\_\_

Race: \_\_\_\_\_  
(for reporting requirements only)

Deposit Due:\$ \_\_\_\_\_

Deposit Waived: \_\_\_\_\_

\_\_\_\_\_  
(Reason—attach documentation)

You request to have \_\_\_\_\_ Water and/or \_\_\_\_\_ Wastewater utility services provided to your \_\_\_\_\_ Residence  
**OR** \_\_\_\_\_ Business by the Town of Hillsville. You wish services to begin on the following date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
at \_\_\_\_\_ (scheduled time). You understand and will adhere to the ordinance regulating such water and/or  
wastewater accounts and their termination. (A copy of the ordinance is located on the Town's website). 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 e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial  
voice messages and/or use of an automatic dialing device, as applicable.

I/We have read the above information, including the disclosure, and agree that the Creditor may contact me/us as described above.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date