

TOWN OF MAXTON

201 McCaskill Ave. • Maxton, NC 28364
Office (910) 844-5231 • Fax (910) 844-5802

Utility Service Application

Occupant's Name: _____

Service Address (Not PO Box) _____

City: Maxton State: North Carolina Zip Code: 28364

Mailing Address (If Different)

City _____ State: _____ Zip Code: _____

Please Indicate: Residential Apartment Retail Business
 Office Industrial Church Other

Nighttime Phone Number: _____ -Daytime Phone Number: _____

Driver License _____ State _____ SS# _____

Employer: _____ Phone Number: _____

If you are not the owner of this property, please provide the following information:
Lease Agreement: _____ Owners Phone Number: _____

The Town of Maxton offers automatic bank draft service to our utility customers. Payment is due at the receipt of bill. Bill is Late on the 16th of each month, a late fee of \$5.00 or 10% whichever is greater will be added to your bill. If your bill is not paid by the 25th of the month on the 26th you will be charged an additional \$50.00 for non-payment and your service will be disconnected.

Your signature is verification that you have read this application and understand the payment terms as described. Signature: _____ Date _____

Termination of Service: Signature _____ Date _____

Forwarding Address:

Mailing Address: _____