



Town of Blowing Rock

P.O. Box 47, Blowing Rock, NC 28605

www.townofblowingrocknc.gov

Call: (828) 295-5200 - press 5 for Utilities; Email: utilitybilling@tobr.us

Water & Sewer Service Application

Application Date: _____

Date to Begin Service: _____

Name: _____

Property Owner/Landlord (if applicable): _____

Please list anyone else authorized to speak to us or make changes to your service/account (include contact info):

Service Address: _____

Mailing Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Check here if you would like to be added to the Town of Blowing Rock's general email distribution regarding Town activities, updates and items of general interest. Your email address will not be shared.

Please check your preferred method of contact: Mail Phone Email

If you prefer electronic billing (emailed bills), you can sign up with the code/information given on your first bill

Social Security Number/ Driver's License Number: _____

*Per NC statute GS132-1.10(b)(1) "a local government utility is permitted to request a customer's Social Security number upon submission of application for water service. This information may be used by the Town of Blowing Rock for purposes of utilizing the NC Debt Setoff collection program on delinquent accounts.

Are you interested in drafted payments? Yes No

*If yes, we will give you an authorization form to be completed and returned to Town of Blowing Rock Attn: Utility Billing Administrator, PO Box 47, Blowing Rock, NC 28605 | utilitybilling@townofblowingrocknc.gov

THIS APPLICATION IS NOT COMPLETE: PLEASE SEE REVERSE



ACKNOWLEDGMENT

Statements are mailed out every two months. They are to be paid on or before the due date indicated on the front of each statement. Your account is subject to a late penalty if statements are not paid by the indicated due date. If statements are not paid within thirty (30) days from the past due date, service is subject to termination and a \$50.00 reconnection fee will be assessed. I hereby request utility service from the Town of Blowing Rock at the service location stated above. In requesting utility service, I accept full responsibility for any charges, fees, penalties or other obligations incurred by this account. I also agree to abide by all present and future regulations of the Town of Blowing Rock that apply to the utility system.

Account Owner Signature

Printed Name

Date

----- You're all set -----

OFFICE USE ONLY

Deposit Paid: Check # or Cash: _____

Account #: _____

Route #: _____

Sequence #: _____