



Utility Service Agreement

Village of Bald Head Island
P.O. Box 3009
Bald Head Island, NC 28461
(910) 457-9700 ext. 1000

APPLICATION DATE: _____ SERVICE START DATE: _____

ISLAND ADDRESS: _____

RENT _____ OR OWN _____

HOW DO YOU WANT TO RECEIVE YOUR BILLS? PAPER BILLS _____ E-BILLS _____

WOULD YOU LIKE TO PARTICIPATE IN AUTOMATIC DRAFTING? YES _____ NO _____

APPLICANT

CO-APPLICANT

NAME _____	NAME _____
LICENSE # _____ STATE _____	LICENSE # _____ STATE _____
*SOCIAL SECURITY# _____	*SOCIAL SECURITY# _____
PHONE # _____	PHONE # _____
EMAIL _____	EMAIL _____

BILLING INFORMATION

MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

***The social security number provided may only be used in an effort to collect any unpaid balances. This includes collection efforts through the North Carolina Debt Setoff Program. Providing a social security number is optional.**

I hereby make application for utility services and I agree to comply with the applicable ordinances of the Village of Bald Head Island regarding the provision of utility service, current and future.

APPLICATION SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

METER	IRRIGATION	DATE

To remit application email to utilities.clerk@villagebhi.org or mail to the Village of Bald Head Island, P.O. Box 3009, Bald Head Island, NC 28461.