

W/O # _____

Route _____ / Sequence _____
Vacant / Final _____
Acct # _____



TOWN OF RANLO

1624 Spencer Mountain Rd. ~ Gastonia, NC 28054

Phone: 704-824-3461

Email: info@townofranlo.org ~ Website: <https://townofranlo.org>



HOMEOWNER'S APPLICATION FOR UTILITY SERVICES INSIDE THE TOWN OF RANLO

Please Print

APPLICANT'S NAME: _____

APPLICANT'S BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ADDRESS FOR SERVICE IF DIFFERENT FROM APPLICANT'S BILLING ADDRESS:
ADDRESS: _____

HOME NUMBER: _____ CELL NUMBER: _____

EMAIL: _____

PLACE OF EMPLOYMENT (NAME AND ADDRESS): _____

WORK NUMBER: _____

DRIVER'S LICENSE NUMBER OR ID NUMBER _____ (ATTACH COPY)

SOCIAL SECURITY NUMBER _____ (ATTACH COPY)

*****PLEASE ATTACH PROOF OF OWNERSHIP OF THE PROPERTY TO WHICH
SERVICES WILL BE RENDERED*****

CLERK PLEASE CHECK ALL SERVICES APPLIED FOR INCLUDING ANY DEPOSITS:

WATER X

SEWER X

TRASH PICK-UP X

CONNECTION FEE \$ 15.00

DEPOSIT \$ 85.00

TOTAL \$ 100.00

I UNDERSTAND THAT MY UTILITY BILL IS DUE BY THE 15TH OF EACH MONTH. I ALSO UNDERSTAND A \$5.00 LATE FEE WILL BE APPLIED IF BILL IS NOT PAID IN THE OFFICE BY 5PM ON THE 15TH OF EACH MONTH. I ALSO UNDERSTAND THAT IF I DO NOT PAY MY BILL IN THE OFFICE BY 5PM ON THE 25TH OF THE MONTH, MY UTILITY SERVICE WILL BE DISCONNECTED FOR NON-PAYMENT.

IT IS FURTHER UNDERSTOOD THAT A \$50.00 RECONNECTION FEE IS REQUIRED IF MY BILL HAS NOT BEEN PAID IN THE OFFICE BY 5PM ON THE 25TH OF THE MONTH.

IT IS FURTHER UNDERSTOOD THAT MY SERVICE MAY **NOT** BE INTERRUPTED; HOWEVER, I WILL HAVE TO PAY THE RECONNECTION FEE IF I PAY AFTER 5PM ON THE 25TH DAY OF THE MONTH FOR THE PREVIOUS MONTH'S WATER, SEWER, AND TRASH CHARGES. FAILURE TO RECEIVE BILL IN MAIL DOES NOT EXCUSE RESPONSIBILITY FOR TIMELY PAYMENT OR PREVENT DISCONNECTION. _____ (Initials)

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____

AMOUNT OF DEPOSIT: \$ 85.00

YOU MUST COME IN TO TOWN HALL TO MAKE PAYMENT AND PRESENT ID IN PERSON!

CLERK'S SIGNATURE _____ DATE _____