## **CITY OF DUNN**

401 East Broad Street, Dunn, NC 28334, (910) 230-3510/(910) 230-3511 Fax: (910) 230-3591

## **Utility Service Application**

## **Residential Transfer**

\*\*PICTURE ID REQUIRED\*\*

## APPLICATIONS WILL NOT BE ACCEPTED AND SERVICE WILL NOT BE ESTABLISHED, WITHOUT THE FOLLOWING:

- **\$20.00 transfer fee-**The deposit will transfer from your previous location and will remain on your account until your final bill.
- ➤ **Picture Identification-**This must be the same person whose name appears on the account.
- > Rental or Lease Agreement-If you do not own the property where service will be established, a copy of the rental or lease agreement must accompany the application. Proof of ownership will be required.

Turn On Date	_Turn Off Date	_ Transferring l	From	_
Applicant Name				_
New Service Address_				_
				_
City	State		Zip	_
Telephone #	Cellular#	Socia	al Security #	_
Drivers License#	State Iss	ued	_ Date of Birth	_
NEAREST RELATIV	E-NOT LIVING WIT	H YOU		
Name	Tele	phone	Relationship	
Address				-
	athorizes the City of Dun sed to collect any debt th		cial Security numbers. Social d to the City.	
Customer Signature			Date	