

# CITY OF DUNN

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

Fax: (910) 230-3591

## Utility Service Application

### Commercial Transfer

### PICTURE ID REQUIRED

**Current month's bill must be paid at the time of transfer**

**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 From \_\_\_\_\_

Business Name \_\_\_\_\_

Please describe the type of business that will be offered at the service address below: \_\_\_\_\_

Business Owner's Name \_\_\_\_\_

New Service Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cellular# \_\_\_\_\_ Tax ID # \_\_\_\_\_

Social Security Number of Business Owner \_\_\_\_\_

Drivers License# \_\_\_\_\_ State Issued \_\_\_\_\_ Date of Birth \_\_\_\_\_

**TRADE REFERENCE:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

N.C.G.S. 105A-3(c) Authorizes the City of Dunn to obtain Social Security numbers. Social Security numbers are used to collect any debt that may be owed to the City.

Customer Signature	Date
--------------------	------

\_\_\_\_\_  
Planning/Zoning Director

\_\_\_\_\_  
Date