

City of Hendersonville 145 Fifth Avenue East Hendersonville, NC 28792		Utility Service Application		Important Phone Numbers Garbage Service (828) 697-3084 Water Operations (828) 697-3073 Water Emergency* (828) 891-7779 <i>*after hours number for technical or service-related issues involving Hendersonville Water/Sewer.</i>
Customer Service Contacts	Ph# (828) 697-3052 Fax (828) 697-5894 Email: customerservice@hvlnc.gov	*For Office Use Only*		
Office Location (at above address)	City Hall 1 st & 3 rd Floors	Account Number	Account Type <input type="checkbox"/> Renter <input type="checkbox"/> Owner	
Return application with a copy of your photo ID, proof of ownership/rentership, and ACH form (if applicable). The required deposit must also be provided, except where exempted. You will have a maximum of 10 business days to provide all required service elements or service will be delayed and/or terminated. Customers signing up for automatic bank draft (ACH) will be required to remain on draft for a minimum of six (6) months to retain the deposit waiver. If ACH enrollment is terminated before the 6-month period is over, customers will be required to put down a service deposit on the account.				

Basic Information:

Date: _____ New Customer Application Existing Customer Application

**Only customers with an existing or recently closed account may utilize the existing customer application option*

Name of Responsible Party*: _____

Spouse/Additional Party: _____

All parties and signatories on the lease agreement or deed **must provide their name and signature on this application to avoid service termination and/or fees*

***If you are an existing customer and need to remove the secondary name on your account, please note the name that needs to be removed in the space provided below. Please note, you must be the primary account holder to do so.*

Secondary Name to be Removed: _____

Address To Be Served: _____

Customer Profile:	
Social Security #/ Federal Tax ID*: _____	Driver's License # and State _____
Past/Current Address: (Existing Customers Only) _____ _____	Primary Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____
Preferred Billing Method: <input type="checkbox"/> E-Billing (emailed bill) <input type="checkbox"/> Print (paper bill)	E-Mail Address (if applicable): _____
Mailing Address: _____ _____	<i>*Please only provide a mailing address if it differs from your service address provided above.</i>
<i>*Your Social Security/ Tax ID # may be used for collection and debt set-off purposes. It may also be utilized for identity verification purposes. For a full-list of applicable uses, please contact the Customer Service Team or visit our offices located at 145 Fifth Avenue East, Hendersonville, NC 28792.</i>	

Please Read and Initial the Statements Below:

1. I acknowledge that I will be required to pay a deposit, except where exempted, to receive my water service. I recognize that this \$100 deposit will be retained for the duration of one year or until the end of service. Deposits will be credited back to my account if no delinquency issues occur within the one-year service period (e.g. no late fees or disconnection events) and no fraudulent acts are perpetrated against the City or its agents. Additionally, deposits will be credited back to the account provided that I do not tamper with utility equipment or file payments returned because of insufficient funds. Otherwise, deposits will be held until the end of my service and thereafter used to satisfy any remaining balance on the account. I understand that the deposit does not receive nor bear interest. _____
2. I will be responsible for any and all water that passes through my meter while the above address is in my name. My responsibility will only end when I provide a request to stop service and close my account to the Customer Service Team for the City of Hendersonville. I also recognize that my account does not terminate when my water is shut-off for non-payment. _____
3. I will be responsible for any and all garbage cans/carts provided to my address (if receiving City garbage service). I acknowledge that my cart/can and recycling receptacle are to remain at the service address on the termination of my service and account. _____
4. I recognize that I am responsible for paying my bill in a timely manner and by the due date provided on my billing statement. I also acknowledge that I am responsible for my bill, regardless of whether I receive a billing statement at the provided mailing or E-Mail address. It is my responsibility to contact the Customer Service Team in the event that I do not receive a billing statement. _____
5. I will be responsible for any and all fees that might be applied to my account if I fail to pay my bill within the time period allowed. I also acknowledge that I am responsible for any service disruption, and associated damages, that might result from failure to pay my bill in a timely manner. _____
6. If service is terminated, I acknowledge that I will be required to make good on the outstanding balance owed to the City prior to service being restored. I also recognize that my security deposit may be seized to rectify the outstanding bill issue. _____
7. I recognize that the meter is and remains City property. If I tamper with my meter, I understand that I will be held financially and legally responsible. I will be fined and/or prosecuted to the fullest extent of the law. _____
8. I agree, in order for the City to service my account or to collect any bills I might owe, to be contacted by telephone, text, or any other method of communication that I have provided to the City. I recognize that this could result in charges from my telecommunications provider and also recognize that the City is not liable for any service charges levied by said provider. I also understand that methods of contact include the use of pre-recorded and artificial voice messaging systems and/or the use of automatic dialing technologies. In applying my initials to this disclosure, I indicate that I have read and agreed to contact from the City of Hendersonville along the lines described above. _____
9. Your Social Security number will be used to facilitate collection of utility bills, property taxes, and other taxes and obligations owed to the City of Hendersonville if you do not pay such taxes, billings, and obligations in a timely manner. For the purpose of collections, your social security number may be disclosed to (i) the state to claim payment from any state income tax refund, lottery winnings, or other payments that might otherwise be owed to you; (ii) a bank or an employer to attach bank accounts or garnish wages; and, (iii) to other government agencies and other departments of this local government to facilitate the collection of taxes, utility bills, and other obligations owed to those governments and departments. _____

In accordance with City Code Section 52-10 and State G.S. 132-1-10(b)(1)

I have read and understand my responsibility as stated above:

ALL items must be read and initialed prior to service commencing. Failure to do so may delay your service request

Date Service Desired: _____ Signature of Responsible Party _____ Date _____

Stop Date Desired*: _____ Signature of Spouse/Additional Party _____ Date _____

*Stop date for past/current address (Existing Customers Only)

For Office Use Only		
Deposit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No-ACH <input type="checkbox"/> No-Payment History (for Existing Customers)	Meter Number _____
Application Checklist	<input type="checkbox"/> Application <input type="checkbox"/> Proof of Ownership/ Rentership <input type="checkbox"/> ACH Form <input type="checkbox"/> Photo Identification <input type="checkbox"/> Deposit	Customer ID # _____
Deposit Payment Type	<input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order Check# _____ <input type="checkbox"/> Card	Processed By _____ Customer Service Specialist