

City of Hendersonville 145 Fifth Avenue East Hendersonville, NC 28792		<b>Utility Service Application</b>		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@hvinc.gov	<b>*For Office Use Only*</b>		
Office Location (at above address)	City Hall 1 <sup>st</sup> & 3 <sup>rd</sup> Floors	Account Type	<input type="checkbox"/> Renter <input type="checkbox"/> Owner	
Return <b>application</b> with a copy of your <b>photo ID, proof of ownership/rentership, and ACH form</b> (if applicable). The required <b>deposit</b> must also be provided, except where exempted. You will have a maximum of 10 business days to provide <b>all</b> required service elements or service will be delayed and/or terminated.				

**Basic Information:**

Date: \_\_\_\_\_  New Customer Application  Existing Customer Application  Account Info Update

If Account Info Update: Change:  Name  Address  Contact Info  Other

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*

Address To Be Served: \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

<b>Customer Profile:</b>	
Social Security #/ Federal Tax ID*: _____	Driver's License # and State _____
Past Address: _____ _____	
Preferred Billing Method: <input type="checkbox"/> E-Billing (emailed bill) <input type="checkbox"/> Print (paper bill)	E-Mail Address (if applicable): _____
Pin #/ Password for Identification When Contacting our Office: _____	
<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 my service except where provided otherwise. I also understand that the deposit does not receive nor bear interest. I understand that my deposit will be refunded to me when I close my account minus any outstanding balances left on said account. \_\_\_\_\_
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 will delay your service request\***

Date Service Desired: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party      Date

\_\_\_\_\_  
Signature of Spouse/Additional Party      Date

*For Office Use Only*		
Deposit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No-ACH <input type="checkbox"/> No-Payment History	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 _____ <b>Customer Service Specialist</b>