

**Please complete and submit the following information to establish your City of Gastonia Utility Account at least two (2) business days before your new utility service is needed:**

### Requirements for new service:

- City of Gastonia/Two Rivers Utilities Application
  - Primary Applicant – Complete both pages, with information about the location where service is being requested and personal information to verify identity.
  - Co-Applicant(s) – Only need to complete page 2 (Customer Information Form) for purposes of verifying identity. Please note that on rental properties, this form is required for all other adults (over 18 years of age) living in the household and contains personal identifying information protected under the Identity Theft Protection Act.
- Identification – Clear photo or image of a valid U.S. issued photo identification or completed Identity Verification Form, found on the City’s website under the Utility Customer Service tab, required for all applicants.
- Proof of Legal Occupancy - Copy of lease agreement or completed utility verification form from landlord for renters, or proof of ownership for homeowners, where utility service is being requested.
- Contact Phone Number - Please provide a valid daytime phone number where you may be reached in case there are questions or issues that need to be addressed prior to establishing your service.
- Deposit - Customer may also be required to provide a deposit for utility services unless a no risk credit rating from a credit verification company is received based on the customer’s Social Security number. Deposit amounts vary, based on utility services available and location address. If you are required to pay a deposit, it must be paid in full before services are connected.
- City Accounts - Please note that all City of Gastonia accounts for the primary applicant, and any co-applicants, must be current before new utility service can be established.

### Submitting your application:

Your completed application, along with attachments, can be submitted as follows:

- For convenience and security, the preferred method is to submit your application and attachments electronically through our secure encrypted application.
- Printed forms may be mailed to City of Gastonia Customer Service, PO Box 1748, Gastonia, NC 28053 or;
- Delivered in person to the Customer Service Division located on the first floor of the Garland Business Center, 150 S. York Street, Gastonia NC 28052.

Please note that we do not recommend returning the information to us via email or facsimile (FAX) due to the sensitivity of identifying personal information included.

**If you have questions or need additional information, please call our office during normal office hours at 704-866-6714 or contact us via e-mail at [billing@cityofgastonia.com](mailto:billing@cityofgastonia.com).**



# Residential Utility Service Application



<b>Date of Application</b>		<b>*Date Service is Requested</b> <small>(please allow 2 business days)</small>	
<b>Applicant Type</b> <small>(Select One):</small>	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Tenant/Renter	<input type="checkbox"/> Property Manager

\* Requests for new utility service are only available Monday-Friday (excluding holidays), during normal business hours.

### Applicant Information

Valid Picture ID and completed Customer Information Form is required to complete the application process

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Home/Cell Phone</b>	<b>Email Address</b>

Have you ever had service with us before? \_\_\_\_\_ If so, where and when? \_\_\_\_\_

### Service Location Information

<b>Street Address</b>	<b>Apt/Unit #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Billing/Mailing Address**  
(if different from Service Address)

<b>Street Address or PO Box #</b>	<b>Apartment/Unit #</b>
<b>City</b>	<b>State</b> <b>ZIP Code</b>

**\*If renting, please list other adult co-applicants (over age 18) besides primary applicant, living at the above Service Location Address:**

**Name:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**\*PLEASE NOTE THAT THE PRIMARY APPLICANT AND ALL CO-APPLICANTS ABOVE MUST ALSO COMPLETE, SIGN AND SUBMIT A CUSTOMER INFORMATION FORM AND PROPER IDENTIFICATION WITH THE APPLICATION.**

#### Notice

Online Utility Exchange provides City of Gastonia credit and past utility information to determine the amount of the deposit required. Deposit amount depends on information furnished by Online Utility Exchange and can be waived if Online Utility Exchange qualifies the rating. If a deposit is required, this amount must be paid in full before utility service is supplied to the location. This deposit is non-transferable, non-interest bearing, and will not be considered as part payment of any bill where service is continued. Proof of ownership or a copy of your lease must also be provided at the time of application.

The City of Gastonia asks that individuals provide your Social Security number and business entities provide your federal tax identification number as a part of your application for utility service. The request for an individual customer's Social Security number or an entity's Federal Taxpayer Identification Number is authorized by Section 105A-3(c) of the North Carolina General Statutes. Individual Social Security numbers and business federal tax identification numbers collected by the City's Billing and Customer Service offices may be used to check credit worthiness for purposes of establishing the amount of required deposit, to confirm identity of the customer, by means of matching the number with information found in the City's databases, or to determine whether the customer qualifies for additional services such as payment arrangements or online account access. They may be released to the State of North Carolina for use in the Debt Setoff program or other governmental agencies or their agents. It may also be released to private debt collection agencies for the purpose of collecting debts owed to the City. Access to personal information such as identification, Social Security number and bank account information are only accessible by authorized City personnel for purposes outlined above and general account maintenance.

If any individual decides not to provide their Social Security number as part of your application, you will still be provided utility services. However, you will be required to apply in person, pay a deposit for utility services and certain services offered as a courtesy by the City of Gastonia, such as payment arrangements and online services, may not be available to you.

I hereby make application for utility services with the City of Gastonia/Two Rivers Utilities at the service location indicated above and certify that the information provided is true and correct to the best of my knowledge. In requesting utility service, I accept full responsibility for any charges, fees, penalties or other obligations incurred by this account, regardless of service location. I also agree to abide by all present and future rules and regulations of the City of Gastonia that may apply to my utility service.

Primary Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Residential Utility Service Customer Information Form



**As per the Identity Theft Protection Act, it is unlawful to place certain identifiable information on documentation that may be placed on public record.**

Below is a list of required information that is pertinent to establishing a utility account and contracting for utility service with the City of Gastonia. This information is considered by the City of Gastonia to be confidential. If your account is delinquent, page 1 of this application may be placed on public record for the purposes of collecting a debt.

**THIS COMPLETED FORM, WITH PROPER IDENTIFICATION, MUST BE SUBMITTED WITH THE APPLICATION FOR UTILITY SERVICE. FOR RENTAL PROPERTIES, THIS IS ALSO REQUIRED FOR EACH ADULT OCCUPANT LIVING AT THE SERVICE LOCATION ADDRESS.**

### Service Location Information

Service Location Address: \_\_\_\_\_, \_\_\_\_\_ NC

### Customer Information

Name: \_\_\_\_\_ Primary Applicant:  Yes  No

Social Security number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License/ID number: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Applicant/Co-Applicant

**\*Please upload or provide a clear image of your U.S. issued photo identification or completed Identity Verification Form when submitting this form.**

### IDENTITY THEFT PROTECTION ACT

#### NCGS §132-1.10(d)

No person preparing or filing a document to be recorded or filed in the official records of the register of deeds, the Department of the Secretary of State, or of the courts that may include any person's social security, employer taxpayer identification, driver's license, state identification, passport, checking account, savings account, credit card, or debit card number, or personal identification (PIN) code or passwords in that document, unless otherwise expressly required by law or court order, adopted by the State Registrar on records of vital event, or redacted...

Any person who violates this subsection shall be guilty of an infraction, punishable by a fine not to exceed five hundred dollars (\$500.00) for each violation.

The entire Identity Theft Protection Act can be found at <http://www.ncga.state.nc.us/gascripts/statutes.asp>