



**TOWN OF BLOWING ROCK**  
**PO Box 47, Blowing Rock, NC 28605**  
**Telephone: 828.295.5200 Fax: 828.295.5202**  
[utilitybilling@townofblowingrock.com](mailto:utilitybilling@townofblowingrock.com)

# WATER/SEWER SERVICE APPLICATION

**Application Date:** \_\_\_\_\_ **Effective Date of Service:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Property Owner/Landlord (if applicable):** \_\_\_\_\_

**Others Authorized to speak to us or make changes to your service/account:**  
\_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Telephone:** \_\_\_\_\_

**Social Security Number/Drivers License Number:**  
\_\_\_\_\_

\*Per NC statute GS132-1.10(b)(1) " a local government utility is permitted to request a customer's Social Security number upon submission of application for water service. This information may be used by the Town of Blowing Rock for purposes of utilizing the NC Debt SetOff collection program on delinquent accounts.

**Email Address:** \_\_\_\_\_

Please check here to be added to the Town of Blowing Rock's general email distribution list and receive periodic information regarding Town activities and items of general interest. Your email address will not be shared with others.

**Preferred Method of Contact:** mail \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

**Electronic Billing?** YES \_\_\_\_\_ NO \_\_\_\_\_ **\*Draft Payment?** YES \_\_\_\_\_ NO \_\_\_\_\_

\*If draft payment is selected, we will send you an authorization form to be completed and returned to Town of Blowing Rock Attn: Utility Billing Coordinator, PO Box 47, Blowing Rock, NC 28605.

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Please check for properties that are part of a gated community and have secured access – call the Blowing Rock Police Department at 828.295.5212 to provide information so police and fire personnel will be able to access your property in the event of an emergency.

Please check here if you would like to be enrolled in the CodeRed notification program. The CodeRed emergency notification system provides the Town of Blowing Rock with a telephone calling system capable of delivering customized messages such as water disruptions, directly to homes, businesses and mobile telephone users. To enroll, complete the information below:

**Street Address:** \_\_\_\_\_  
(location details to base monitoring on, no PO Box)

**Contact Person:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number #1** \_\_\_\_\_ (mobile Y/N)

**Phone Number #2** \_\_\_\_\_ (mobile Y/N)

### **Acknowledgement**

Statements are mailed out every two months. They are to be paid on or before the due date indicated on the front of each statement. Your account is subject to a late penalty if statements are not paid by the indicated due date. If statements are not paid within thirty (30) days from the past due date, service is subject to termination and a \$50.00 reconnection fee will be assessed.

I hereby request utility service from the Town of Blowing Rock at the service location stated above. In requesting utility service I accept full responsibility for any charges, fees, penalties or other obligations incurred by this account. I also agree to abide by all present and future regulations of the Town of Blowing Rock that apply to the utility system.

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\* Office Use Only \***

Deposit Paid – Check Number \_\_\_\_\_

Account# \_\_\_\_\_

Route# \_\_\_\_\_ Sequence# \_\_\_\_\_