



Stanly County Utilities
1000 N. 1st Street, Suite 12
Albemarle, NC 28001

RESIDENTIAL APPLICATION

Date: _____

Move In Date: _____

PLEASE PRINT

Driver's License OR Federal ID # _____

Customer Name: _____

Service Address: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Primary #: _____

Secondary #: _____

SSN#: _____ - _____ - _____

DOB: _____

Own: _____ Rent: _____

Landlord's Name: _____

Copy of Lease Agreement or Closing paperwork and ID is required.

Deposit Of **\$40.00 \$100.00 \$160.00** Determined By Credit Check

Email Address: _____

Utility service will be subject to any and all rates, rules, policies, regulations, procedures, terms and conditions applicable to the services.

Your Social Security Number may be used for collection purposes for Stanly County Utility bills only. All information listed above is confidential.

NOW OFFERING E-BILLING
csutilities@stanlycountync.gov

Customer Signature: _____



Stanly County Utilities
1000 N. 1st Street, Suite 12
Albemarle, NC 28001

NON-RESIDENTIAL APPLICATION

Date: _____

Move In Date: _____

PLEASE PRINT

Driver's License OR Federal ID # _____

Business Name: _____

Service Address: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Responsible Party: _____

Title: _____

Phone #: _____

Secondary #: _____

SSN#: _____ - _____ - _____

DOB: _____

Own: _____ Rent: _____

Landlord's Name: _____

Copy of Lease Agreement or Closing paperwork and ID is required.

\$160.00 Deposit Required

Email Address: _____

Utility service will be subject to any and all rates, rules, policies, regulations, procedures, terms and conditions applicable to the services.

Your Social Security Number may be used for collection purposes for Stanly County Utility bills only. All information listed above is confidential.

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Customer Signature: _____