P | 704.984.9615
F | 704.984.9612

ALBEMARLE
NORTH CAROLINA
Water. Air. Land. Opportunity.

www.albemarlenc.gov
PO Box 190
Albemarle, NC 28002

Welcome to the City of Albemarle. Enclosed you will find the information for establishing **Residential** service, required deposits and forms necessary to begin service with us. If you have any questions please call us at 704-984-9615.

***NEW BUILD SERVICE CONTRACTS: If you are needing service for a new construction call Public Utilities at 704-984-9605.**

ESTABLISHING SERVICE

Office & Service Hours:

The City's Utility Department is located in City Hall at 144 N 2nd St, Albemarle, NC 28001. City Hall is open from 8:00 a.m. to 5:00 p.m. and Customer Service is open from 8:30 a.m. to 5:00 p.m. Monday through Friday (with the exception of holidays).

Request for Service:

Original Application of Service: Any customer requesting services will complete a contract for utility services and agreement for services. The customer will need a valid government issued picture identification. Disclosure of your Social Security/Federal ID number is not mandatory.

- The City recognizes a joint contract for utility services for utility service, which allows credit to be established for both husband and wife. A separate contract for utility service will be requested if more than one connection is requested.
- Any customer requesting services & request that account be put into a business name, will be asked to provide a W-9.

Additional Information required for Services:

- If you are the Owner of the Property you may be required to show proof of ownership. If the Representative is Power of Attorney for the Customer needing service, they must provide Power of Attorney paperwork and state issued photo ID for both Power of Attorney & Owner.
- If you are the Tenant of Property you must provide current lease agreement between property owner, Power of Attorney or Property Manager. If the lease is with Power of Attorney of the property owner, then Power of Attorney paperwork is also required. If lease is with Property Manager, the management agreement is also required.
- All Customers applying for service must be able to provide one of the following: be a current "Good Credit" Customer with the City of Albemarle, pay the required deposit, have a Guarantor to co-sign on the account or letter of credit from current utility company showing on time payments for the last 12 consecutive months.

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Time of Application: The City will strive to meet customer's needs for connection of service. Normal connections not requiring installation of equipment, inspections, line crew (i.e. transfer of service) will be made the same day as the requested, if the request is received prior to 1:00 p.m. on normal Business Days.

Out-of-Town Connection Requests: If a customer wants to obtain service prior to arrival in the City, the City may provide service and mail, email or fax the contract to the customer. The customer shall provide signed and notarized contract for utility services. The customer shall provide one of the following concerning deposits: Required deposit per fee schedule (can only be paid inside City Hall) or good letter of credit from previous utility for the last 12 consecutive months.

FEE SCHEDULE

Residential Deposits:

Deposit for Electric Only. .	$200.00
Deposit for Water and Sewer Customers. . .	$70.00
Deposit for Sewer Customers Only. . .	$35.00
Deposit for Water Customers Only	$35.00

All information from City of Albemarle Public Utilities Department, Customer Service Policy

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Date: _____ Move In Date: _____

Residential

PLEASE PRINT

SSN: _____-_____-_____ or Federal ID #: _____-_____

Customer Name: _____

Service Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above): _____

Contact phone: _____ Other phone: _____

Driver's Lic/ID #: _____ State: _____ DOB: _____

Own: Rent: _____ Landlord's name: _____ ***Copy of lease agreement required**.

Previous Address: _____

Employer Name: _____ Employer Phone No.: _____

Utility service will be subject to any and all rates, rules, policies, regulations, procedures, terms and conditions applicable to the services, and as revised by the City with the authority given it by NCGS Chapter 160A, Article 16. Your Social Security Number may be used for collection purposes of taxes and utility bills.

_____ **SEAL**

Customer Signature

***Notary required if application is mailed or faxed**.

State of _____ County of: _____

I, _____, a Notary Public for said County & State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

(Official Seal) _____

Notary Public

My commission expires _____, 20_____.

For Office Use Only:

Customer #: _____ Account #: _____

Deposit: _____ Letter of Credit: _____ Date rec'd: _____

I have verified that all above information is complete and accurate: _____

Staff Signature

Transfer Information:

Acct # Transferring from: _____

Customer Credit Rating: _____ Services #: _____

Name on Acct: _____

Deposit currently on file: _____

Deposit required on new acct: _____

Service Address: _____

Balance due for transfer: _____

Cut off Date: _____

_____

Customer Signature Date

Social Security/Federal ID Number Uses

Disclosure of your Social Security/Federal ID number is not mandatory. Your Social Security/Federal ID number will be used to facilitate collections of property taxes if you do not timely and voluntarily pay such taxes. For tax collection purposes, your Social Security/Federal ID number may be disclosed to (i) the state to claim payment from any state income tax refund that might otherwise owed to you; (ii) a bank or an employer to attach bank accounts or garnish wages; and, (iii) to other local governments and other departments of this local government to facilitate the collection to taxes and other obligations owed to those governments and departments. Your Social Security/Federal ID number may also be used for collection of utility debt and be shared with NC Department Debt Set-off and/or third party collector.

_____

Initial

Prior Debt

The City shall not furnish service to an applicant who is indebted to the City for service previously furnished, or to the applicant or any other member of the applicant's household, until all indebtedness has been satisfied. *Per City of Albemarle Public Utilities Department Customer Service Policy*

_____

Initial

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

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Bank Draft

I authorize the City of Albemarle to draft the provided bank account on a recurring monthly basis. The draft will occur on the due date that is reflected on the billing statement. This is to remain in effect until the City of Albemarle has received written notification from the account holder. The notification of termination must be received ten (10) business days prior to the due date. The City of Albemarle reserves the right to cancel said bank draft.

_____	_____
Account name	Utility account number(s)
_____	_____
Service address	Signature
_____	_____
Date	CSR Signature

Attach voided check