



# Transfer Utility Service Application



**To place a request to transfer your services to a new service location, please complete information below and allow at least two (2) business days to process your request.**

Please note that you cannot transfer service with a Past Due Balance on your account and an additional utility deposit may be required for the new location. Also, if two service locations for the same customer are active for a period of ten (10) days or more, a new account number will be assigned for the new location.

|                            |  |
|----------------------------|--|
| <b>Date of Application</b> | <b>8-Digit City of Gastonia Acct No.</b> |
|----------------------------|--|

| Customer & Current Service Location Information |   |           |                      |                                   |
|---|---|-----------|----------------------|-----------------------------------|
| <b>Last Name</b>                                | <b>First Name</b>                             | <b>MI</b> | <b>Daytime Phone</b> | <b>Email Address</b>              |
| <b>Last 4 Digits of SSN on Acct</b>             | <b>Current Service Location to Disconnect</b> |           |                      | <b>Date to Disconnect Service</b> |

| New Service Location to be Connected                                  |                       |                                   |             |                         |                 |
|---|-----------------------|-----------------------------------|-------------|-------------------------|-----------------|
| PLEASE ATTACH COPY OF LEASE AGREEMENT OR UTILITY VERIFICATION FORM    |                       |                                   |             |                         |                 |
| <b>Service Start Date</b>   | <b>Street Address</b> | <b>Apt/Unit #</b>                 | <b>City</b> | <b>State</b>            | <b>Zip</b>      |
| <b>Billing/Mailing Address</b><br>(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> |

**\*Please list other adult occupants (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 ALL CO-APPLICANTS ABOVE MUST ALSO COMPLETE, SIGN AND SUBMIT A CUSTOMER INFORMATION FORM (PAGE 2) WITH 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: \_\_\_\_\_



# Transfer Utility Service

Customer Information Form for Co-Applicants



**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 or being a co-applicant for utility services with the City of Gastonia or Two Rivers Utilities. 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: \_\_\_\_\_

**\*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.ncqa.state.nc.us/qascripts/statutes.asp>