APPLICATION FOR WATER & SEWER SERVICE

ALL SERVICES ARE SUBJECT TO DISCONNECT WHEN MONTHLY BALANCE IS PAST DUE WITHOUT NOTICE – monthly utility statements serve as notice of possible disconnection.

An Application for Service must be completed prior to service being connected. Johnston County Public Utilities requires at least one business day's notice. A security deposit must be satisfied at the time of application. The deposit may be waived with a letter of credit from your previous utility company submitted with the properly completed application. JCPU security deposits do not transfer between accounts. **After 12 months of payment by due date, your security deposit may be applied back to your account upon request or it will be applied to any outstanding balance that you owe to Johnston County Public Utilities.**

You will need the following information to establish a new account:

- Legal Name of Account holder. Credit is being extended only to the name(s) on the established account. **INFORMATION REGARDING THIS ACCOUNT WILL NOT BE GIVEN TO ANYONE NOT NAMED ON THIS ACCOUNT.**
- Social Security Number *
- Valid Driver's License or **North Carolina** Government-Issued Photo Identification.
- Physical Address of the Property-where the property is located.
- Billing Address – where the bill will be mailed.
- Telephone Number.
- Rental Receipt or copy of lease agreement. (If you are not the property owner).
- Employer's Name, address and telephone number.
- Payment of Fees:
  - Application Fee **(NON-REFUNDABLE service charge regardless if service is established).**
  - Deposit or a letter of credit from your previous utility company indicating no late payments for the most recent 12-month period (a payment history will NOT be accepted as a letter of credit).
  - Connection Fees (all unpaid balances with Johnston County Public Utilities, tap fee, assessment & meter).
- **KEEP THIS COPY FOR YOUR REFERENCE**

Payment Methods:

- Mail your payment – stub and envelope is provided with your statement.
- **FREE** Automatic Bank Draft – authorization form available in our office or at **www.jcutil.com/utilities**.
- Online Payment at **www.jcutil.com/paywaterbill** *(sends immediate notification of pending payment).*
- Payments are accepted in our office – check, cash or debit/credit card (Visa, MasterCard or Discover).
- Bill Pay Service at your bank (allow up to 5 business days for payment to post to your account).
- Drop Box Payment - located at rear parking entrance of Land Use Center, 309 E Market St., Smithfield.
- **Pay by Phone up to $135.00 (844-845-2151). Payment immediately posts to your account.**
- **Check Cashing businesses are NOT authorized payment centers for Johnston County Public Utilities.**
- **WE DO NOT TAKE PAYMENTS OVER THE PHONE UNLESS THE AMOUNT EXCEEDS $135.00.**

***Disclosure of Social Security number:** Johnston County is authorized to collect this information to extend credit for services, identify customers and collect debts owed to Johnston County. Without this information additional deposit or other pertinent information may be required to establish service. In compliance with the Federal Trade Commission's Fair and Accurate Credit Transaction Act of 2003, and the Identity Protection Act of 2005, Johnston County is required to identify its customers. Johnston County will be verifying customer information using the Social Security number through a credit reporting agency. Johnston County collects debt through NC State Tax Refunds and third-party services.

VOLUNTARY SURVEY OF CUSTOMER DEMOGRAPHICS

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to apply for water service. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

Gender: ☐ Male (1) ☐ Female (2)
Ethnicity: ☐ Hispanic or Latino (0) ☐ Not Hispanic or Latino (9)
Race: ☐ American Indian/Alaskan Native (3) ☐ Asian (4) ☐ Black or African American (5) ☐ Native Hawaiian or Other Pacific Islander (6) ☐ White (7) ☐ Other (8)
☐ I respectfully decline to provide this information.
For office use only: _____ WD _____Customer # Date: _____

ENCUESTA DE VOLUNTARIA DE DEMOGRAFÍA DE LOS CLIENTES

La siguiente información es solicitada por el Gobierno Federal con el fin de controlar el cumplimiento de las leyes federales que prohíben la discriminación contra los solicitantes que deseen solicitar el servicio de agua. Usted no está obligado a proporcionar esta información, pero le instamos a hacerlo. Esta información no será utilizada en la evaluación de su aplicación o de discriminar contra usted de ninguna manera. Sin embargo, si usted elige no proporcionarla, se nos exige tener en cuenta el origen étnico, la raza y el género de los solicitantes individuales sobre la base de la observación visual o el apellido.

Tener Género: ☐ El Machoe ☐ La Hembra
Patrimonio: ☐ Hispano o Latino ☐ No Hispano o Latino
Raza: ☐ Indio Americano ☐ Asiático ☐ Afroamericano ☐ Hawaiano ☐ Blanco ☐ Otro
☐ Respetuosamente declino a proporcionar esta información.
For office use only: _____ WD _____Customer # Date: _____

FORM MUST BE COMPLETED IN FULL BEFORE SERVICE IS MADE AVAILABLE

P.O. Box 2234
309 East Market Street
Smithfield, NC 27577

JOHNSTON COUNTY DEPARTMENT OF PUBLIC UTILITIES

APPLICATION FOR UTILITY SERVICE

IDENTIFICATION IS REQUIRED

Phone: 919-989-5075
Fax: 919-934-0256

Customer: #_____

APPLICANT (SOLICITATE)		CO-APPLICANT (CO-SOLICITANTE)	
NAME: FIRST, LAST NOMBRE, APELLIDO		NAME: FIRST, LAST NOMBRE, APELLIDO	
SOCIAL SECURITY # OR TIN /SEGURO SOCIAL	PHONE # (TEL)	SOCIAL SECURITY # /SEGURO SOCIAL	PHONE # (TEL)
DRIVERS LICENSE # or STATE ID CARD No. DE LICENCIA/ID ESTATAL	DATE OF BIRTH (FECHA DE NACIMIENTO)	DRIVERS LICENSE # or STATE ID CARD No. DE LICENCIA/ID ESTATAL	DATE OF BIRTH (FECHA DE NACIMIENTO)
EMPLOYER NAME/NOMBRE DE EMPLEADOR		EMPLOYER NAME/NOMBRE DE EMPLEADOR	
EMPLOYER ADDRESS/DIRECCIÓN DE EMPLEO	PHONE # (TEL)	EMPLOYER ADDRESS/DIRECCIÓN DE EMPLEO	PHONE # (TEL)
E-MAIL ADDRESS			

SERVICE ADDRESS _____ **CITY** _____
Dirección para la cual solicita servicio — Ciudad

SUBDIVISION _____ **LOT** (TERRENO)_____

MOBILE HOME PARK (PARQUE de CARAVANA)_____ **LOT** (TERRENO)_____

OWNER ☐ **If new owner, closing date of property** _____
¿Es dueño de la propiedad? — Si es dueño nuevo, indique la fesha de compra

RENTER ☐ **If renting, property owner & phone #** _____
¿Renta? — Si está rentando la propiedad, escribe el nombre del dueño y su número de teléfono

RENTAL AGENCY ☐ **If rental agency, name of property owner** _____

START DATE OF SERVICES_____ **MOVE IN DATE** _____
Fecha para empezar servicios — Fecha de mudanza a la propiedad

MAILING ADDRESS _____
Dirección Postal — **This is the address your bill will be mailed** Esto es la dirección que su cuenta será enviada

CITY (CIUDAD)_____ **STATE** (ESTADO)_____ **ZIP** (CODIGO POSTAL) _____ **CELL PHONE** (TELEFONO CELULAR)_____

HAVE YOU BEEN A PREVIOUS CUSTOMER OF JOHNSTON COUNTY PUBLIC UTILITIES? _____ **YES** _____ **NO**
¿Ha sido cliente previo del Dept. de Servicious Públicos del Condado de Johnston)

IF YES, WHAT NAME AND ADDRESS _____
Si contestó si, ¿qué nombre usó?

I, the undersigned, hereby make application for service and certify that all the above information is correct. I agree to abide by all rules and regulations of Johnston County Public Utilities. I understand and agree to pay all charges billed on each monthly statement and all penalty charges. Property owners are responsible for a monthly bill regardless of whether water or sewer is used, until the property is sold or rented. I understand accounts with any previous balance are subject to immediate disconnect and penalty charges according to the notice printed on my monthly statement.

El abajo firmante hacer aplicación para servicio y certifico que toda la información anterior es correcta. Estoy de acuerdo en cumplir todas las normas y reglamentos de los servicios públicos del condado de Johnston. Entiendo y estoy de acuerdo en pagar todos los cargos facturados en cada declaración mensual y todos los recargos. Los propietarios son responsables de una factura mensual, independientemente de si se utiliza agua o alcantarilla, hasta que se venda la propiedad o alquilado. Entiendo cuentas con cualquier saldo anterior están sujetas a desconectar de inmediato y los recargos según el anuncio impreso en mi declaración mensual.

APPLICANT SIGNATURE (SOLICITATE)_____ **DATE:** (La FECHA)_____

CO-APPLICANT SIGNATURE: (CO-SOLICITANTE)_____ **DATE:** (La FECHA)_____

FOR OFFICE USE ONLY

ACCOUNT NUMBER _____ PARCEL#_____ WATER DISTRICT_____ CYCLE_____ BOOK/ROUTE_____

RESIDENTIAL_____ COMMERCIAL_____ BUILDER_____ DEVELOPER_____ EAST_____ WEST_____

WATER TAP_____ SIZE_____ SEWER TAP_____ SIZE_____ WELL DISCONNECT_____

PREVIOUS CUSTOMER NAME_____

FEES PAID	WATER FEES	WASTEWATER FEES	PAYMENT
APPLICATION FEE	$_____	$_____	RECEIPT #_____
DEPOSIT	$_____	$_____	CASH_____
ASSESSMENT FEE	$_____	$_____	CHECK_____
TAP FEE	$_____	$_____	CREDIT CARD_____
METER FEE	$_____	$_____	TOTAL PAID $_____
OTHER_____	$_____	$_____	
TOTAL DUE	$_____	$_____	

_____
CUSTOMER SERVICE REPRESENTATIVE

Ref # _ _ _ _ _ _ _ _