



APPLICATION FOR WATER/SEWER SERVICE
COMPLETE AND PRINT CLEARLY

APPLICATION DATE: / /

REQUESTED DATE TO BEGIN SERVICE: / /

BE ADVISED SERVICE WILL BEGIN WITHIN 2 BUSINESS DAYS FROM THE DATE OF APPLICATION UNLESS ADDITIONAL ACCOUNT INFORMATION IS REQUIRED.

IF OPENING A BUSINESS ACCOUNT, COMPLETE SECTIONS A, C, E
IF OPENING AN INDIVIDUAL ACCOUNT, COMPLETE SECTIONS B, C, E & F
IF RENTER/TENANT (BUSINESS OR INDIVIDUAL), MUST COMPLETE SECTION D AS WELL

SECTION A - BUSINESS ACCOUNT

NOTE: A CURRENT CITY OF KANNAPOLIS BUSINESS PRIVILEGE LICENSE IS REQUIRED FOR ALL BUSINESSES UNLESS EXEMPT UNDER STATE STATUTES

(CHECK ONE): BUSINESS (PROP. OWNER) *BUSINESS (TENANT/RENTER)

BUSINESS TYPE: INDIVIDUAL/SOLE PROPRIETOR (NOTE: MUST COMPLETE SECTION F AS PER FTC LAWS)
PARTNERSHIP CORPORATION LLC/LLP BRANCH DBA OTHER:

FEDERAL ID #:

BUSINESS NAME:
LEGAL AGENT'S LAST NAME: FIRST: MI:

COK BUSINESS PRIVILEGE LICENSE #: FOR CITY STAFF ONLY: CHECK HERE IF BUSINESS IS EXEMPT:

SECTION B - INDIVIDUAL ACCOUNT

NOTE: ACCOUNTS OPENED BY A GUARDIAN AD LITEM OR LEGAL POWER OF ATTORNEY FOR THE ACCOUNT HOLDER, MUST PROVIDE A COPY OF THE APPROPRIATE LEGAL DOCUMENTS. FURTHER, AS MANDATED BY THE U.S. FEDERAL TRADE COMMISSION IDENTITY THEFT PREVENTION PROGRAM, THE CITY MUST REQUIRE APPLICANT'S OF INDIVIDUAL ACCOUNTS AND SOLE PROPRIETORSHIPS TO FURNISH DOCUMENTED PROOF OF THEIR IDENTITY BEFORE SERVICE IS APPROVED IN ADDITION TO ANY DOCUMENTATION THE CITY REQUIRES. DOCUMENTATION WILL BE VERIFIED. SEE SECTION F.

(CHECK ONE): RESIDENTIAL (PROP. OWNER) *TENANT/RENTER(NON-BUSINESS) LANDLORD

PRIMARY ACCOUNT HOLDER NAME: (AS NOTED ON GOVERNMENTAL PHOTO ID)

LAST: FIRST: MIDDLE: SUFFIX:

SECONDARY ACCOUNT HOLDER NAME (IF JOINT ACCOUNT): (AS NOTED ON GOVERNMENTAL PHOTO ID)

LAST: FIRST: MIDDLE: SUFFIX:

SECTION C - ALL APPLICANTS

SERVICE ADDRESS:
CITY: ST: ZIP:
MAILING ADDRESS: IN CARE OF:
CITY: ST: ZIP:
HOME PH #: BUSINESS PH #: CELL PH #:
EMAIL ADDRESS:

HAVE YOU PREVIOUSLY HAD A WATER/SEWER SERVICE ACCOUNT WITH THE CITY OF KANNAPOLIS? YES NO

IF YES, NAME ACCOUNT WAS UNDER:

LAST SERVICE ADDRESS:

IF YOU WISH TO HAVE SOMEONE AUTHORIZED TO MAKE INQUIRIES AND/OR PAYMENTS ON YOUR ACCOUNT, DESIGNATE THEM BELOW:

NAME OF AUTHORIZED USER: RELATIONSHIP:

SECTION D - *FOR TENANTS/RENTERS (INDIVIDUAL OR BUSINESS) - PROPERTY OWNER INFORMATION

NOTE: CITY POLICY REQUIRES ALL TENANT/RENTER(S) TO PROVIDE A COPY OF THE LEASE AGREEMENT FOR SERVICE

NAME OF PROPERTY OWNER:

PROPERTY OWNER'S MAILING ADDRESS:

CITY: ST: ZIP:

HOME PH #: BUSINESS PH #: CELL PH #:

DO NOT MAKE COPIES OF THIS PAGE – CONFIDENTIAL INFORMATION BELOW

SECTION E – ALL APPLICANTS

ACKNOWLEDGEMENT: I, THE UNDERSIGNED CERTIFY THAT THE INFORMATION IN THE FOREGOING APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE RECEIVED A COPY OF THE "TERMS OF APPLICATION". I ACKNOWLEDGE MY RESPONSIBILITY FOR ANY AND ALL CHARGES, FEES AND THE LIKE ASSOCIATED WITH THE ACCOUNT, INCLUDING RETURNED CHECK CHARGES, AND AGREE TO NOTIFY THE CUSTOMER SERVICE CENTER OF ANY CHANGES REGARDING THE ACCOUNT WITHIN TEN (10) DAYS OF THE CHANGE. I AGREE THAT NO INTEREST WILL BE PAID TO ME FOR ANY DEPOSITS, TAP ON FEES OR OTHER CHARGES I MIGHT PAY. IF I HAVE SUPPLIED YOU WITH A WIRELESS TELEPHONE NUMBER OR LAND LINE NUMBER I AM GIVING YOU PRIOR CONSENT TO CALL THAT NUMBER. I AM AWARE THAT SUCH CALLS MAY RESULT IN CHARGES TO MY WIRELESS PHONE ACCOUNT.

APPLICATION DATE: _____ / ____ / ____

INITIALS OF COK EMPLOYEE
VERIFYING APPLICATION INFORMATION:

SIGNATURE OF PRIMARY ACCOUNT HOLDER
OR BUSINESS LEGAL AGENT

PRINTED NAME OF PRIMARY ACCOUNT HOLDER
OR BUSINESS LEGAL AGENT

SIGNATURE OF SECONDARY ACCOUNT HOLDER IF JOINT ACCOUNT

PRINTED NAME OF SECONDARY ACCOUNT HOLDER IF JOINT ACCOUNT

SECTION F- APPLICANTS OF INDIVIDUAL ACCOUNTS AND SOLE PROPRIETORS OF BUSINESS ACCOUNTS MUST PROVIDE THE FOLLOWING:

THE INFORMATION BELOW IS PRIVILEGED AND CONFIDENTIAL. IT IS SOLELY FOR COLLECTION PURPOSES IF NECESSARY AND AS MANDATED BY THE U.S. FEDERAL TRADE COMMISSION IDENTITY THEFT PREVENTION PROGRAM, WHICH REQUIRES APPLICANT'S OF INDIVIDUAL ACCOUNTS AND SOLE PROPRIETORSHIPS TO FURNISH DOCUMENTED PROOF OF THEIR IDENTITY AND RESIDENCY **BEFORE** SERVICE IS APPROVED.

IN ADDITION TO ANY OTHER INFORMATION THE CITY REQUIRES FOR SERVICE, THE APPLICANT(S) MUST PROVIDE **TWO** SEPARATE FORMS OF IDENTIFYING INFORMATION TO OPEN AN ACCOUNT UNDER FTC REGULATIONS.

ID ONE: A **CURRENT** AND **VALID** GOVERNMENT ISSUED PHOTO ID. ANY OF THE FOLLOWING ARE ACCEPTABLE: US FEDERAL ID OR STATE ISSUED DRIVER'S LICENSE OR ID CARD, PASSPORT OR US MILITARY ID.

ID TWO: A VALID SOCIAL SECURITY NUMBER **OR** ANY ONE OF THE FOLLOWING: A **CERTIFIED** US BIRTH CERTIFICATE, DOCUMENTATION ISSUED BY THE US IMMIGRATION AND NATURALIZATION SERVICE (INS) OR DEPARTMENT OF HOME LAND SECURITY (DHS) INDICATING LEGAL PRESENCE. PLEASE NOTE: IRS ISSUED TAXPAYER ID CARDS ARE NOT ACCEPTED UNDER FTC REGULATIONS.

ID ONE - CURRENT GOVERNMENTAL ISSUED PHOTO ID – (✓ CHECK ONE)

STATE DRIVER'S LICENSE OR ID:
STATE OF ISSUANCE:
ID#:

PASSPORT:
COUNTRY ISSUED:
ID#:

MILITARY ID:
SERVICE BRANCH:
ID#:

ID TWO – PROVIDE SS# OR CERTIFIED BIRTH CERTIFICATE OR US INS DOCUMENT

SS# OF PRIMARY ACCOUNT HOLDER OR SOLE PROPRIETOR:

SS# OF SECONDARY ACCOUNT HOLDER IF JOINT ACCOUNT:

US CERTIFIED BIRTH CERTIFICATE: or **US INS.DHS DOCUMENT:** _____

DO NOT WRITE BELOW THIS LINE – OFFICIAL OFFICE USE ONLY

DATE OF SERVICE SETUP: _____
DATE DEPOSIT MADE: _____
DATE METER SET: _____
METER READING: _____
BOOK/ROUTE NUMBER: _____

INITIALS OF COK EMPLOYEE HANDLING SETUP:
AMOUNT OF DEPOSIT: \$ _____
METER SET NUMBER: _____
ACCOUNT NUMBER : _____
STOP NUMBER: _____

REMARKS: _____
REV 05/03/11