



**TOWN OF CLAYTON**  
Engineering & Inspections  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-1720

## APPLICATION FOR BUSINESS SERVICES

Services Requested \_\_\_ Area Light \_\_\_ Electric \_\_\_ Water \_\_\_ Sewer

Business Name: \_\_\_\_\_

Contact (during business hours) \_\_\_\_\_

Service Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact (after hours) \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Amount of Deposit \$ \_\_\_\_\_ Connect Fee \$ \_\_\_\_\_

If rental property, who is the owner/landlord? \_\_\_\_\_

Date of service is to be turned on \_\_\_\_\_

I certify that I am authorized to sign for the above business; that the above information is accurate, and that \_\_\_\_\_ will be responsible for payments of entire bill upon termination of service. I have had an opportunity to review a copy of the Town of Clayton cut off policy and am subject to the Town's Utility Policy as currently in effect. The account will be subject to immediate disconnection without further notice if deposit and connect fee payment is returned for insufficient funds.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Town of Clayton Employee: \_\_\_\_\_