



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

APPLICATION FOR BUSINESS SERVICES

Services Requested ___ Area Light ___ Electric ___ Water ___ Sewer

Business Name: _____

Contact (during business hours) _____

Service Address _____

Phone _____

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: _____