



Rental Agreement	_____
Landlord?	_____
Tax ID Verification	_____
Deposit Paid	_____
Work Orders	_____
Entered (date/initials)	_____

**TOWN OF CLAYTON**  
 Utilities & Billing  
 111 E. Second St., P.O. Box 879  
 Clayton, NC 27528  
 Phone: 919-553-5002  
 Fax: 919-553-0719  
 utilities@TownofClaytonNC.org

# BUSINESS UTILITY SERVICE APPLICATION

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

Contact Name: \_\_\_\_\_

Location of Business: \_\_\_\_\_

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

Phone #: (Main) \_\_\_\_\_ (alternate) \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Date service to be activated: \_\_\_\_\_

Services Requested:

Area Lights \_\_\_\_\_ Electric \_\_\_\_\_ Water & Sewer \_\_\_\_\_ Irrigation \_\_\_\_\_

Have you or any other occupant at this address ever had a utility account with the Town?

Yes, please state address: \_\_\_\_\_

No, please initial: \_\_\_\_\_

I certify that I am authorized to sign for the above business; that the above information is accurate, and that \_\_\_\_\_ will be responsible for monthly payments, including a final bill upon termination of service. Additionally, if the Town determines that I or any other occupant at this address owes past due balances to the Town, I will be responsible for payment of those balances and any associated fees. I have had an opportunity to review a copy of the Town's cut-off policy and am subject to the Town's Utility Policy as currently in effect. The account is subject to immediate disconnection without notice if the deposit and connect fee is returned for insufficient funds or if the Town discovers delinquent past due balances from prior accounts.

You further agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device as, applicable.

I/We have read this disclosure and agree that the town of Clayton may contact me/us as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Account# \_\_\_\_\_

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**NON-RESIDENTIAL UTILITY DEPOSIT INFORMATION**

All non-residential accounts are required to pay a deposit. The deposit will be calculated at 2½ times the average bill of the property or of a like business.

Average Bill	Required Deposit

An amount equal to one (1) times an average bill will be applied as a credit the utility account after 18 months of demonstrated good payment history. Good payment history is defined as: **no** late payments, **no** returned checks, **no** returned drafts and **no** disconnects for non-payment. This request must be made, in writing, to the Customer Service Director.

I, \_\_\_\_\_, have read the above information regarding non-  
Customer's Name  
residential utility deposits. I understand that I may be required to pay an additional higher deposit or reestablish a deposit after my original deposit has been refunded if any or all of the following conditions apply to my account: disconnection for non-payment, failure to honor a payment arrangement, returned checks/drafts, meter tampering and/or falsification of information provided on the service application. Under these terms, the deposit must be paid immediately or immediate disconnection may occur.

\_\_\_\_\_  
Customer's Signature

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

\_\_\_\_\_  
Town of Clayton Witness Signature

\_\_\_\_\_  
Date



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Account # \_\_\_\_\_

## BUSINESS BANK DRAFT AUTHORIZATION

The Town of Clayton offers commercial customers the convenience of automatically paying monthly utility bills via draft from a checking account. Participants will continue to receive a monthly bill and will have their account drafted on a scheduled due date.

**BONUS: Get some of your money back!** If your account is in good standing for 18 months, (no late fees, no returned checks/drafts or disconnects), we'll apply a portion of your deposit back to your account!

\_\_\_\_\_ New Bank Draft Authorization      \_\_\_\_\_ Change in Account Number or Bank

<b>Cycle 1: DATE TO DRAFT ACCOUNT</b>	_____ 8 <sup>th</sup>	_____ 15 <sup>th</sup>	_____ 22 <sup>nd</sup>
<b>Cycle 2: DATE TO DRAFT ACCOUNT</b>	_____ 15 <sup>th</sup>	_____ 22 <sup>nd</sup>	_____ 29 <sup>th</sup>
<b>Cycle 3: DATE TO DRAFT ACCOUNT</b>	_____ 15 <sup>th</sup>	_____ 22 <sup>nd</sup>	_____ 29 <sup>th</sup>
<b>Cycle 4: DATE TO DRAFT ACCOUNT</b>	_____ 8 <sup>th</sup>	_____ 22 <sup>nd</sup>	_____ 29 <sup>th</sup>

Name of Customer: \_\_\_\_\_

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

Phone #: (home) \_\_\_\_\_ (alternate) \_\_\_\_\_

**Please attach a voided check here.**  
**\*\* Deposit slips cannot be processed \*\***

I hereby authorize the Town of Clayton to draft my utility payments and initiate credit entries or such adjusting entries, either Debits or Credits, which are necessary for corrections or adjustments from the account and bank I have indicated above. This authorization is to remain in full force and effect until the Town receives a new written agreement from me. I understand that cancellation of bank draft will require a thirty (30) day prior written notice to the Town. I understand that drafts not honored by my financial institution shall be treated in the same manner as a returned check, and shall be subject to all applicable fees and charges. I further understand that as is the policy with returned checks, if I have two returned drafts within a twelve month period, I shall be removed from draft payment, and shall be required to pay in cash, certified check or credit card. I hereby certify that I will notify the Customer Service department immediately of any changes in my depository relationship with my financial institution that shall affect this draft agreement. I am also aware Customer Service will need 30 days notice if I should need to change my draft date.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date



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### POWER AGREEMENT FOR FIRE INSPECTIONS

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

Contact Name: \_\_\_\_\_

Location of Business: \_\_\_\_\_

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

Phone #: (main) \_\_\_\_\_ (alternate) \_\_\_\_\_

This conditional power agreement is to allow the occupant of the above address to have connected for the purpose of setting up the physical environment of their business.

This agreement is only valid for the set up of the business, and is not intended to allow the operation of said business before the date of the fire inspection.

This agreement shall be valid until \_\_\_\_\_, by which time fire inspection must be requested and completed. Failure to do so will result in utility disconnection. Also, if during this time said business begins operation, the utilities will be disconnected and this agreement will become null and void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## INDUSTRIAL WASTE SURVEY

Please complete this form in order to aid the Town in determining the types and sources of wastewater that are entering the sanitary sewer system. In accordance with section 52.040 of our Sewer Use Ordinance, this form must be completed. If you have any questions about the ordinance or this form, please contact James Warren at (919) 553-1536.

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

Contact Name: \_\_\_\_\_

Location of Business: \_\_\_\_\_

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

Phone #: (main) \_\_\_\_\_ (alternate) \_\_\_\_\_

What Standard Industrial Classification (SIC) Codes do you report under?

\_\_\_\_\_

Briefly describe your business, include products manufactured or services performed:

\_\_\_\_\_  
\_\_\_\_\_

Please list all water uses and approximate volume used in gallons per day for each use, including facility washdown water.

Water Use	Volume Used (gallons per day)
Process:	
Facility Washdown:	
Domestic (bathrooms, cafeteria):	
Total:	

The Town of Clayton’s Sewer Use Ordinance requires that an authorized representative of the business must sign all reports to the Sewer Authority. The authorized representative is defined as a person responsible for principle business decisions or other policy decisions for the facility.

To the best of my knowledge, the information on this form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date