

TOWN OF WALLACE

COMMERCIAL APPLICATION FOR UTILITY SERVICES

316 East Murray Street Wallace, NC 28466 Phone 910-285-4136 Fax: 910285-5135 mail@wallacenc.gov

Service connection will be delayed if all of these documents are not provided.

New Commercial Service Checklist

Fire Inspection

contact
Duplin County Fire &
Emergency Management
at
910-296-2160 or
fireinspection@duplincountync.com
Please provide copy of

completed inspection

Completed
Commercial Utility
Application

Completed
Business Registration
Form and applicable
fee

Zoning Compliance Certification Industrial Wastewater Survey

Business Organization Documentation

Articles of
Incorporation
and/or
Responsible Party's
Driver's License

Proof of Lawful Occupancy

Copy of signed lease or copy of deed or settlement statement of purchase

ALL PREVIOUS TOWN ACCOUNTS MUST BE CURRENT BEFORE SERVICE CAN BE SET UP

Please remember to notify us when you move or close your account. You will continue to be billed each month and be responsible for all charges until you request services to be disconnected. You can let us know by phone, fax, mail, or email. Please provide forwarding address for the final bill

YOUR UTILIITES & BILLING AT A GLANCE

Payment Options

- Bank Draft: FREE! Never have a late fee or penalty again!
- Online: Save time, save gas, save a stamp Go to our website at <u>www.wallacenc.gov</u> and click "Bill Payments" at the top right corner of our home page
- Mail: Send to 316 East Murray Street Wallace, NC 28466
- Outdoor Drop Box: Use our drive-up drop box located in the front of Town Hall, Only check or money orders please, no cash
- **Pay in Person:** Visit us in person at Town Hall. We are open weekdays from 8:00am to 5:00pm.

Utility Connection Fees

The Town does not charge a deposit on accounts. A NON-REFUNDALBE utility connection fee is required to start service. Utility connection fees are as follows:

IN-TOWN COMMERCIAL ACCOUNT \$100.00

OUT-OF-TOWN COMMERCIAL ACCOUNT \$200.00

Additional fees may apply depending on business type, service required and/or if service is new construction

Due Date, Penalties and Collections

- Bills are due on the 10th of the month
- A late fee of \$50.00 is added to you bill if ANY balance has not been paid by the 15th of the month
- If the Town is unable to collect from a closed past due account within 60 days, we will us an outside collection company. Please be advised that these companies report to the three cred reporting bureaus
- The Town will also pursue additional collection methods including the State Debt Setoff program where by we can collect from any State income tax refunds, lottery winning or other funds due you from the State of North Carolina

Return Checks/Drafts

- The Town charges a \$30.00 return check/draft fee
- The Town will contact you at the phone number on the account (please keep your phone numbers current)
- You will have 48 hours to pay the returned amount plus the \$30.00 fee. If payment is not made, services will be disconnected.
- A second returned check will make you "cash only", meaning we will only accept cash, money order, cashiers check or debit/credit card as types of payments.
- A second returned draft will get you removed from the bank draft plan.





OFFICIAL USE ONLY

SS# Verified ____ Photo ID Verified __ Lease/HUD 316 East Murray Street Wallace, NC 28466 Phone: 910-285-4136 Fax: 910-285-5135 mail@wallacenc.gov

COMMERCIAL UTILITY SERVICE APPLICATION

☐ Temporary Service	☐ New Service	□ Update	☐ Disconnect Service
YES - I want free e-billing! NO - Mail my bill to my home.			
Date service to be activated:		RE	NT OWN
Service Address:			
Mailing Address:			
Applicant Information:		Responsible Party'	s Information:
Name:		Name:	
Federal ID#		Social Security #	
		Driver's License #	
		Date of Birth:	
Email:		Email:	
Phone #:		Phone #:	
Have you or any other occupant at t	this address ever had a u	itility account with	the Town?
Yes, please state address:			
No, please initial:			
Who was your previous utility prov	ider?		
Did you leave owing a balance to the	nis utility provider and if	f so, how much? _	
Name of Landlord:		Pho	ne:
Emergency Contact:		Pho	ne:
You certify that you are eighteen years of age of the entire bill upon termination of service. Add balances to the Town, you/us will be responsible service your account or to collect any amounts your account, including wireless telephone numbers ages or emails, using any email address of I/We have read this disclosure and agree that the	r older, that the above informati itionally, if the Town determine e for payment of those balance s you may owe, we may contact abers, which could result in char you provide us.	on is accurate, and that yes that you or any other or any and any associated fees or you by telephone at any ages to you. We may also	ou will be responsible for payment of ccupant at this address owes past due. You agree in order for us to y telephone number associated with so contact you by sending text
Signature		Date	
Signature		Date	