



**Greenville
Utilities**

Request for Utility Service

Please Print

Name: _____

Home Address: _____ City and Zip Code: _____

Phone: _____ SS #: _____

Drivers License #: _____

I wish to have utility service put in my name at _____,
effective the ____ day of _____, 20____. Enclosed is a credit report of my utility
account with _____ (company name). I realize my credit with the utility
company that serves me must be in good standing for at least twelve (12) months before a deposit with
Greenville Utilities can be waived. This service will be utilized by my child _____
(SS#) _____ (Driver's License #) _____. If a move from one location to another is
necessary in the future, I do _____ do not _____ give my permission for _____
to transfer the utility account. Please have the monthly billing mailed to
_____. I agree to be responsible for all utilities in my
name. If there are any questions, you may phone me at _____ or write me at _____
_____. Please list all roommates, their social security numbers & drivers
license numbers on your lease.

Roommate Name: _____ Soc. Sec.# _____ Drivers Lisc.# _____

Roommate Name: _____ Soc. Sec.# _____ Drivers Lisc.# _____

Signed: _____ Date _____



STATE OF _____ COUNTY OF _____

I, _____, a Notary Public of the Aforesaid County and State, certify that
_____ personally appeared before me this date and duly acknowledged the execution of the
foregoing instrument.

Witness my hand and Notarial Seal on this the ____ day of _____, 20 ____.

My Commission Expires _____

Notary Public _____

*Note: Signature must be notarized **OR** signed at GUC office with presentation of proper identification.*

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