Town of Angier

P.O. Box 278
Angier, NC 27501
919-639-2071

Activation Form

Turn on Date: _____

Customer Name: _____

Service Address: _____

☐ Buying ☐ Renting

Mailing Address: _____
(If Different)

_____

Employer: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Driver's License #: _____

*****Although the Town of Angier requires the customer's driver's license number, the customer's social security number is voluntary*

In order to begin service, the customer must agree to comply with the rules and regulations governing the Town of Angier's utility department. The customer acknowledges that he/she has received the Town of Angier Utility Billing Policy.

_____ _____

Customer Signature Date

Office Use Only:

Route: _____ Sequence: _____

Date Request Received: _____ Received by: _____

Method of Reciept: ☐ In Person ☐ Mail ☐ Fax ☐ Email

Notes: _____