

**Town of Angier**  
**55 N Broad St W**  
**Angier, NC 27501**  
919-639-2071 Customer Service  
910-893-9111 Emergency Nights and Weekends

**UTILITY DISCONNECT/TRANSFER FORM**

Date of disconnect: _____	
Customer Name: _____	Account #: _____
Disconnect Address: _____	
Forwarding Address: _____	

<b><u>INFORMATION FOR THE ADDRESS YOU ARE TRANSFERRING TO (IF APPLICABLE):</u></b>		
Date of connect: _____	Preferred method of contact:   __ Home   __ Cell	
New Utility Address: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Email Address: _____		
Home #: _____	Cell Phone #: _____	Work#: _____

I, the undersigned account holder; hereby agree to disconnect/transfer my water and/or sewer service from the Town of Angier. I agree to pay for all services in accordance with the Schedule of Fees and Charges as amended from time to time. **ANY PAST DUE BALANCES ON YOUR UTILITY ACCOUNT MUST BE PAID PRIOR TO YOUR SERVICES BEING TRANSFERRED. YOU MAY CALL (919)639-2071 TO OBTAIN YOUR CURRENT ACCOUNT BALANCE.** I understand that I will receive a final bill from the Town of Angier and if I do not pay my bills on time, I may be subject to late fees and or interest penalties.

I understand that the Town of Angier reserves the right to turn over delinquent accounts to a collection agency.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

<i>FOR OFFICE USE ONLY</i>		
_____ Residential   _____ Non-Residential (business)		
Deposit Amount _____	Connection Fees _____	Extra Fees _____
Total Fees _____	Date Paid _____	Received by _____