

Utility Billing Services

Forward your completed Application for Utility Services to:

City of Raleigh Utility Billing Services PO Box 590 Raleigh, NC 27602-0590

Phone: 919.890.3245 Email: UtilityBilling@raleighnc.gov

APPLICATION FOR UTILITY SERVICES

(PLEASE PRINT)

Today's Date		Existing Account Number (if applicable)			
Date of Service Connect	tion		(іf арріі	cable)	
Service Address	Street Address	City	State	Zip Code	
Mailing Address		City	State	Zip Code	
<u> </u>	Street Address	City	State	Zip Code	
Name					
Firs	st Name	Middle Name	Last Name		
Last 4 digits of SSN _		Date of E	Date of Birth		
emails, received by the Utility I number. In the event that a sta	Billing Division contains the las	with the Fact Act of 2003 it is essential that the four digits of the account holder's social ling Division needs to call to obtain addition daytime telephone number.)	security number or the	e tax identification	
Driver's License Numbe	r	State _			
Daytime Phone Number	· -	Email _			
Spouse / Additional Con	tact Person				
If you do not own the r	property at this service	address, please complete the f	ollowina:		
	or operty at time convice	aaa. 333, pisass sompiste tile i			
Owner's Name		Phone Number	Phone Number		

Would you like your utility payments drafted from your bank account?

If so, complete and return a Bank Draft Authorization form available on our website at www.raleighnc.gov.

Access your utility account online at www.raleighnc.gov