

Jody L. McLeod
MAYOR

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The Premier Community



For Active Families

Bob Satterfield
Art Holder
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COUNCIL MEMBERS

Michael Grannis
MAYOR PRO TEM

NEW BUILDER APPLICATION FOR UTILITY SERVICE

Business Name _____

Contact (during business hours) _____

Service Address _____

Phone _____ Email _____

Mailing Address _____

Emergency Contact (after hours) _____

Federal Tax ID Number _____

Social Security Number _____

Date of service is to be turned on _____

I certify that I am authorized to sign for the above business; that the above information is accurate, and that _____ will be responsible for payments of entire bill upon termination of service. I have had an opportunity to review a copy of the Town of Clayton cut off policy and am subject to the Town's Utility Policy as currently in effect. The account will be subject to immediate disconnection without further notice if bill remains unpaid.

Date: _____ Authorized Signature: _____