

ACCOUNT NUMBER

NUMBER OF DAYS OF WATER USAGE

ACCOUNT NUMBER	SERVICE ADDRESS	BILLING DATE	DATE FROM	DATE TO	DAYS
0000	000 MY STREET NW	04/01/10	02/12/10	3/12/10	28

John Doe
 000 MY STREET NW
 HICKORY, NC 28601

Town of Long View
 2404 1st Ave. SW
 Hickory, NC 28602
 (828) 322-3921

METER NUMBER	PREVIOUS READING	CURRENT READING	USAGE	UNITS	DESCRIPTION	AMOUNT
012345678	533600	536600	3000	1	WATER INSIDE	15.10
012345678	533600	536600	3000	1	SEWER INSIDE	18.00
				1	GARBAGE	7.00
TOTAL ACCOUNT BALANCE						40.10



NOTES TO RESIDENTS

PREVIOUS BALANCE	40.10
PAYMENTS APPLIED	-40.10
CREDITS/ADJUSTMENTS	0.00
CURRENT BILL AMOUNT	40.10
PAST DUE AMOUNT	0.00
TOTAL DUE	40.10

ACCOUNT NUMBER

DETACH HERE AND RETURN THIS PORTION WITH YOUR REMITTANCE

MAKE CHECK PAYABLE TO:

Town of Long View

2404 1st Ave. SW
 Hickory, NC 28602

ACCOUNT NUMBER	SERVICE ADDRESS		
0000	000 MY STREET NW		
BILLING DATE	DATE FROM	DATE TO	DAYS
04/01/10	02/12/10	03/12/10	28

DUE DATE AND AMOUNT TO PAY

DUE DATE	04/15/10	PAY	40.10
IF PAID AFTER	04/15/10	PAY	50.10

JOHN DOE
 000 MY STREET NW
 HICKORY, NC 28601

AMOUNT DUE IF PAID AFTER THE DUE DATE

AMOUNT PAID

WRITE THE AMOUNT YOU INTEND TO PAY HERE.

**Town of Long View
2404 1st Av SW
Hickory, NC 28602**

If bills are not paid by 5PM on the 15th day of each month, a \$10.00 penalty will be added on the 16th. If bills are not paid by the 25th of the month, service will be disconnected on the 26th.

DROP BOX AVAILABLE

Reconnection charge of \$25.00 will be added if service is disconnected.

There is a night deposit box at the municipal complex for your convenience.

Town of Long View is not responsible for failure of the U.S. Postal Service to deliver bills.

There is a \$25.00 fee for all returned checks.

STATE AND LOCAL LAWS PROHIBIT TAMPERING WITH WATER METERS.

**TAMPERING
WITH A
WATER METER
MAY RESULT
IN A \$100.00
FINE.**

If you have a question about your bill, you can call (828) 322-3921 during regular business hours: Monday through Friday 8:00 a.m. – 5:00 p.m.

A FINAL NOTICE MAY NOT BE GIVEN.

THE TOWN OF LONG VIEW OFFERS AUTOMATED DRAFT SERVICE. SIGN UP FOR THE SERVICE HERE AND RETURN THE FORM. DON'T FORGET TO ATTACH A VOIDED CHECK TO THE FORM.

TOWN OF LONG VIEW AUTOMATED DRAFT SERVICE

I hereby authorize the Town of Long View to initiate debit entries or such adjusting entries either debit or credit which are necessary for corrections, to my checking account indicated below and the financial institution named below to credit (or debit) the same to such account. I understand that this authorization will be in effect until I notify the Town of Long View in writing that I no longer desire this service, allowing for reasonable processing time. I understand that should the draft be rejected by my financial institution due to insufficient funds that I will need to make payment in full, by cash, to the Town and an additional \$25.00 NSF fee paid to restore service.

NAME _____ TELEPHONE NUMBER _____
SERVICE ADDRESS _____ ACCOUNT NUMBER _____
FINANCIAL INSTITUTION NAME _____ CITY AND STATE _____
TRANSIT/ROUTING NUMBER _____ ACCOUNT NUMBER _____

PLEASE ATTACH A VOIDED CHECK TO THIS ENROLLMENT FORM. VOIDED DEPOSIT SLIPS ARE NOT ACCEPTABLE. THIS PROCESS CAN TAKE 45 TO 60 DAYS TO BEGIN.

SIGNATURE _____ DATE _____

PLEASE RETURN THIS PORTION WITH PAYMENT