

**City of Rocky Mount
Application for Utility Services**

Builder Express ID Number _____

Date of Application _____ **Date Services Needed** _____

Service Address:

Street Address _____

City _____ State _____ Zip Code _____

Services Needed:

Gas _____ Electric _____ Water _____ Sewer _____

Please circle any of the following items needed:

Temp. Pole Gas Line Sewer Tap

Water Tap ¾" 1" Meter/Box ¾" 1" Water Meter ¾" 1"

Comments/Special Instructions:

Builder Signature _____ **Date** _____