



Identity Verification Form Instructions

1. Complete all fields in Section I.
2. Present the form to a notary.
3. Complete all fields in Section II (The business name and address should be the location from which the notary was received.)
4. Have a notary complete Section III.
5. Deliver the form in person to:
Charlotte-Mecklenburg Government Center or West Service Center
600 E. 4th Street
Charlotte, NC 28250
4150 Wilkinson Blvd
Charlotte, NC 28208
6. Upon receipt of this form please allow 4-5 business days for review and service activation.

If you have any questions about this form, please contact us at 311 or 704-336-7600.

Note: keep a copy for your records.

Instrucciones para el formulario de verificación de identidad

1. Complete todos los campos de la Sección I.
2. Entregue el formulario a un notario público.
3. Complete todos los campos de la Sección II.
4. Un notario debe completar la Sección III (si es posible, solicite un sello notariado de tinta o sello en relieve para poder enviar por fax el formulario).
5. Entregue la forma personalmente a:
Charlotte-Mecklenburg Government Center o West Service Center
600 E 4th Street
Charlotte, NC 28250
4150 Wilkinson Blvd
Charlotte, NC 28208
6. Tomará cuatro a cinco días laborales como mínimo completar su solicitud.

Si tiene alguna pregunta sobre este formulario, por favor comuníquese con nosotros al 311 o 704-336-7600.

Nota: Recomendamos que guarde una copia para su registro.

Identity Verification Form

Upon request by Charlotte Water (CLTWater), this form must be completed to validate an individual's identity in connection with establishing or maintaining a utility account with CLTWater.



Section I

I, _____, the undersigned, do hereby state and declare the following:

(Printed Name)

This affidavit concerns utility service at the following service location:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (1): _____ Phone Number (2): _____

Section II

Section III of this form was completed by a notary at the following:

Notary Business Name: _____

Notary Business Address: _____

City: _____ State: _____ Zip: _____

I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

Applicant Signature: _____ Date: _____

Section III

State: _____ County _____

I do hereby certify that _____ personally appeared before me this day and is known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

WITNESS my hand and official seal this _____ day of _____ in the year of 20_____.

My commission expires: _____.

_____ (Notary Printed Name)

_____ (Notary Signature)