



**HARBOUR VILLAGE MARINA, INC.**  
P.O. Box 993, 176 Harbour Village Dr. Hampstead, NC 28443



**Electricity Use and Invoicing Form - Lessee**

This form is a request for electricity usage for slip number \_\_\_\_\_ and is an agreement between Harbour Village Marina Inc. and (Name: ) \_\_\_\_\_ as Slip Lessee for the above Slip.

**All of my contact information is unchanged and listed properly on my Slip Registration Form on file in the Marina Office.**

**By signing this form, individuals acknowledge receiving a copy of the Harbour Village Marina, Inc. Utility Services and Procedures document and that they have read it.**

**Initial below:**

- A. \_\_\_\_\_ I currently Lease Slip number \_\_\_\_\_. I am requesting Electricity to be provided with the owners consent by HVMI to me. I understand that I am responsible to HVMI for a \$100 (one hundred dollar) deposit, and a \$50.00 administrative fee to have the electricity account switched to my responsibility. I will make payments to HVMI in care of my slip number for the amount invoiced to the slip number in care of me. I understand that invoices are due by the 15<sup>th</sup> of each month. Any invoice not paid by the 15<sup>th</sup> day of the invoiced month will accrue a \$25.00 late fee plus interest. All 25 and 30 ft. slips will continue to pay the fixed quarterly fee.
- B. If payment of an electrical bill is more than 30 days in arrears, then written notice prior to disconnection of service will be sent to the slip owner, and slip renter if the slip is rented. If payment is not received within 10 days from the mailing date of the notice, electrical service will be disconnected.
- C. In order to have the service reconnected, you must pay any past due amounts on previous billings including interest, and a \$50 (Fifty dollars) reconnection fee. When your lease is terminated, you must notify the Harbour Master.
- D. **Please note:** Use of electricity from another slip is considered, by law to be theft of service and will be prosecuted.

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Witness can be any adult)

**It is agreed by all parties that forms will be accepted by fax, US mail or by presentation in person.**