



TOWN OF ABERDEEN SERVICE APPLICATION

PO Box 785
Aberdeen, NC 28315
910-944-7799 Fax 910-944-7459

FOR OFFICE USE ONLY	
Account #	
Rt /Sequence	

Customer Name:		Phone #:	
Service Address:		Cell Phone #:	
Water Billing Address if different from Service Address:		City/State/Zip:	
Social Security #:		Driver's License #:	
Email Address:		Work Number:	
Property Owner:		Phone#:	
Address:		City/State/Zip:	

Leaks occurring on the customer's side of meter (including rental customers) will be your responsibility to pay.

Customers are also responsible for following the Town of Aberdeen's curbside container policy and the issued containers. The containers belong to the Town and are to remain at the residence upon vacating.

Customer Signature: _____ Date: _____

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Cut on Date:	Scheduled Time:	Received By:	
Payment Type: Deposit _____	Processing fee _____	Cash _____ Check ___	Check#: _____ Credit Card _____