

WATER/SEWER BUSINESS SERVICE APPLICATION

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

PLEASE PRINT CLEARLY

**APPLICANTS MUST APPLY IN PERSON & PRESENT GOVERNMENT ID

A \$20.00 processing fee required for all new or reinstated services

DATE SERVICE REQUEST UNDERSTANDS THAT THEY WILL		[THIS WILL BE TH		COMES ACTIVE FOR BILLING. R NOT THERE IS ANY WATER	
BUSINESS NAME:					
APPLICANT:					
	NAME	*SS#	DOB	DRIVER'S LIC#	STATE
*Pursuant to G.S. 105A-3(c) a collection purposes thru Nort	nd G.S. 143-64.60(b), discl h Carolina Local Governme oper identification in the p	nt names must be on the least osure of a social security numbe ent Debt Setoff Clearing House. In oursuit of delinquent charges. In	r is voluntary and could Personal information co	d be used for fraud preven ollected by the Town of Ab	erdeen
SERVICE ADDRESS:					
MAILING ADDRESS:(If different from above)					
CELL PHONE NUMBER: ()	BUSINESS	S PHONE NUMBER: (
EMAIL ADDRESS:					
WOULD YOU LIKE YOUR ACCO	OUNT SET UP ON EMAIL BI	LLING? YESNO			
		F ABERDEEN AT ANOTHER LC		_NO	
DO YOU OWN THE PROPER DEPOSITS REQUIRED FOR A		t policy for further information			
LANDLORD:					
(Lease Agreement Required)	Name	Address		Phone #	
WOULD YOU LIKE YOUR AG		FOMATIC BANK DRAFT? YES_	NO		

Service can be refused for prior utility delinquencies.

We understand that we are responsible for all bills and services provided to this address, which may include water, sewer, trash, recycle, and yard debris. Leaks occurring on my side (the customer) of the meter (including rental customers) will be my responsibility to pay.

If there is a deposit on the account when services are disconnected it will be applied to the final bill and remaining deposit will be refunded to the account holder at the last known address or if a forwarding address has been provided.

Trash and recycle containers must remain at this location, if removed we may be charged \$85.00 per container on final bill.

My signature verifies that I have received a copy of the Town of Aberdeen's Welcome Packet which details the payment policy, yard waste policy, curbside policy for sanitation pickup and rate fees. Code of Ordinance can be found on our website at www.townofaberdeen.net (these are subject to change at any time; I understand that I will be held accountable to these new changes).

I also understand that I will be required to notify the Town of Aberdeen in writing either in the office or by email when discontinuing service.

SIGNATURE	DATE

FOR OFFICE USE ONLY				
	Account Number			
	Cut on Date:	Received By:		
	Payment Type: Deposit	Processing Fee		

Check ___ Check #____

Cash ___ Credit Card ___