

# TOWN OF ELIZABETHTOWN

ACCT#: \_\_\_\_\_

## WATER AND SEWER

DEPOSIT AMT: \_\_\_\_\_

*A municipal agency providing water and sewer services to the Elizabethtown community.*

### APPLICATION FOR SERVICE

**Date connection is requested:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

(We need 24 hours' notice, Monday through Friday, to connect service. If there are no leaks and the water is off at faucets, washers, etc. no one needs to be at the home/business when we turn on the water. However, if no one is in the home/business and water runs through the meter, we will leave the water off and ask you to call us at 910-862-3979.

**Customer Name(s) On Lease** \_\_\_\_\_

**Service Address (physical location):** \_\_\_\_\_

**Billing Address: (If different from above)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Employer Information:** \_\_\_\_\_

**Social Security/Federal Tax Id Number:** \_\_\_\_\_ (copy is required so we can confirm your identity before we release confidential account information and contact the right person if a bill collection process becomes necessary.)

**Driver's License Number** \_\_\_\_\_ **State** \_\_\_\_\_ (copy required)

**Spouse/ Additional Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**If you do not own the property at this service address, please complete the following:**

**Owner's (Landlord) Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Security Deposit required with this application:** A \$200 (Residential) \$400 (Commercial) or \$1350 (Industrial/Institutional) **Security deposit are required with this application.** The deposit will be "credited to your account" on your finalized (closing) account balance.

**Delinquent Charges:** A \$30.00 late fee will be added to each account paid after the due date.

**Disconnect/Reconnect Charges:** A \$75.00 charge will be added to the account if the service is disconnected for non-payment of the account. A \$100.00 charge will be incurred for reconnecting services after normal work hours.

**I agree to pay any outstanding balances on any accounts prior to opening a new account or changing the address of my account. Also, agree that any previous account balance can and will be transferred to your most recent account for collection of payment.**

I hereby certify that all of the information that I have provided above is true and accurate, and agree to the terms and conditions as outlined above for a "Connect" Application for Service. If the water meter serves more than one address, I also certify that I am the owner of this property, and will maintain this account in my name until the property is sold.

**Signed:** \_\_\_\_\_

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