

NEW WATER SEWER SERVICE REQUEST

Finance Department

TOWN OF ELIZABETHTOWN
805 W BROAD ST, ELIZABETHTOWN, NC 28337
(910) 862-3979 EMAIL: BVALENTINE@ELIZABETHTOWNNC.ORG

ACCT# _____

DEPOSIT \$ _____

Today's Date: _____ **CONNECTION DATE requested:** _____

(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's Name(s): _____ / _____

Service Address (physical location): _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Cell #** _____ **Work #** _____

E-mail Address: _____ **Driver's License #** _____ / _____ **State** _____

Employer Information: _____ / _____

Social Security/Federal Tax Id Number: _____ and _____

(SS 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.)

Additional Contact Person _____

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 \$200.00 (Residential), \$400 (Commercial), \$1350 (Industrial), security deposit is required with this application. The **deposit** will be "**credited to your account**" when account has been finalized.

Delinquent Charges: A **\$30.00 late fee** will be added to each account **paid on the 5th (after 5:00 p.m.)** due date.

Disconnect/Reconnect Charges: A **\$100 charge will be added** to the account if the service is disconnected for non-payment of the account on the **19th (after 5:00 p.m.)**. A **\$125 charge** will be incurred for reconnect service **after Public Service Dept normal work hours**. The **whole balance** on the **account** must be **paid in full prior** to reinstatement of services (**cash, money order or cashier's check only**).

Equipment Charges: I understand and agree that if any/all equipment (Meter/MTU/Box) is damaged during the period of my service agreement the current cost will be charged to my account.

I agree to pay all/any outstanding balances on all/any account(s) prior to opening a new account or changing the address of my account. Also agree that all/any previous balance(s) can/will be transferred to the new account.

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.

Please bring this completed form, copy of lease/purchase agreement, driver's license, social security card and the required security deposit to Town Hall for final processing. All agreements enclosed are subject to change without notification.

Signed: _____
Applicant

Applicant