



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 #:
Billing Address:		City/State/Zip:
Social Security #:	NCDL#:	
Employer:	Work Phone#:	
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.

Customer Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Cut on Date:	Scheduled Time:
Payment Type: Cash _____ Check _____ Check#: _____ Credit Card _____ Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> Voucher _____	
Received by:	