

SERVICE APPLICATION

TOWN OF ABERDEEN
PO BOX 785, ABERDEEN, N.C. 28315
910/944-7799 FAX 910/944-7459

CUT ON DATE: _____
ACCOUNT#: _____
RT/SEQUENCE #: _____
DEPOSIT: _____

CUSTOMER NAME: _____ HOME PHONE: _____

SERVICE ADDRESS: _____ CITY/STATE/ZIP _____

BILLING ADDRESS: _____ CITY/STATE/ZIP _____

SOCIAL SECURITY # _____

NCDL# _____

EMPLOYER: _____ WORK PHONE: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS _____ CITY/STATE/ZIP _____

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

CUSTOMER SIGNATURE _____ DATE _____