



TOWN OF ABERDEEN

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 REQUESTED: _____

BUSINESS NAME: _____

APPLICANT: _____

NAME	*SS#	DOB	DRIVER'S LIC#	STATE
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If there are more than one applicate, both applicants' name must be on the lease or purchase agreements.

*Pursuant to G.S. 105A-3(c) and G.S. 143-64.60(b), disclosure of a social security number is voluntary and could be used for fraud prevention and collection purposes thru North Carolina Local Government Debt Setoff Clearing House. Personal information collected by the Town of Aberdeen will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information be shared, sold or otherwise made available for public inspection.

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

(If different from above)

CELL PHONE NUMBER: (____) _____ - _____ BUSINESS PHONE NUMBER: (____) _____ - _____

EMAIL ADDRESS: _____

WOULD YOU LIKE YOUR ACCOUNT SET UP ON EMAIL BILLING? YES _____ NO _____

HAVE YOU EVER HAD SERVICE WITH THE TOWN OF ABERDEEN AT ANOTHER LOCATION? YES _____ NO _____

PREVIOUS ADDRESS: _____

DO YOU OWN THE PROPERTY? YES _____ NO _____

DEPOSITS REQUIRED FOR ALL RENTERS: *see deposit policy for further information*

LANDLORD: _____

<i>(Lease Agreement Required)</i> Name	Address	Phone #
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WOULD YOU LIKE YOUR ACCOUNT SET UP ON AUTOMATIC BANK DRAFT? YES _____ NO _____

(Please fill out Draft Application)

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 web-site 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 _____

Cash ___ Credit Card ___ Check ___ Check# _____