**\*\*LEGAL PHOTO IDENTIFICTION REQUIRED\*\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT: Name: | |  | | | | | Social Security Number or Federal Tax ID: | | | | |  | | |
| Driver’s License Number: | | |  | State Issued: | |  | | | Phone Number: | | **-     -** | | | |
| Email: |  | | | | | | | | | | | | | |
| Mailing Address:  **NEW** Service Address  Other (enter address below) | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | |
| City | |  | | | State | | |  | | Zip Code | | | |  |
| Employer | |  | | | | | | | Contact Number: | | | | **-     -** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT** Service Address: | |  | | | | **End Date:** |  |
| Is address a: | Business | | Residence | Are you the: | Builder | Owner | Renter |
| **NEW** Service Address: | |  | | | | **Start Date:** |  |
| Is address a: | Business | | Residence | Are you the: | Builder | Owner | Renter |

**I HEREBY AFFIRM THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I WILL ASSUME THE FULL RESPONSIBILTY OF ALL FINANICAL OBLIGATIONS AT THE ABOVE SERVICE ADDRESS UNTIL I/WE HAVE NOTIFIED THE TOWN IN WRITING TO DISCONTINUE SERVICE. I HAVE RECEIVED A COPY OF THE TOWN OF TROUTMAN WATER/SEWER POLICY AND WILL ADHERE TO ALL RULES AND REGULATIONS STATED IN THIS POLICY. Before water service is turned on, applicants must make a deposit as set out in the Town of Troutman “Fee Schedule.” When a customer has discontinued utility services with the Town, either involuntary or voluntary, the deposit shall be applied to the final bill. After 30 days, any remaining balance is due to the Town Hall, with proper notification; the balance remaining will be subject to the Debt Set-off program and may be garnished from future NC state income tax refunds.**

NOTE: ***Customer must be at service address between the hours of 3:00 pm and 4:00 pm to have water service cut on.***

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Application Date: |  |

**­­­­­­­­­­­­­­­­­­­­­**

**Office Use ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Photo ID | Deposit Amount: $\_\_\_\_\_\_\_\_\_\_ | | Assigned Account Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional deposit needed?**  NO  YES | | | If yes, deposit amount due $\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **CURRENT SERVICE ADDRESS** | | | **NEW SERVICE ADDRESS** | |
| Route/Sequence: | **\_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Route/Sequence: | **\_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Meter Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Meter Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Meter Reading: | \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_ | | Meter Reading: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application Processed by: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Application Date: | \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ |