

# Water & Sewer Transfer Request Application

## Town of Troutman

400 North Eastway Drive ■ Post Office Box 26 ■ Troutman North Carolina 28166  
 Phone: 704.528.7600 ■ [www.troutmannnc.gov](http://www.troutmannnc.gov) ■ Email: [info@troutmannnc.gov](mailto:info@troutmannnc.gov) ■ Fax: 704.528.7605



**\*\*LEGAL PHOTO IDENTIFICATION REQUIRED\*\***

APPLICANT: Name:				Social Security Number or Federal Tax ID:		
Driver's License Number:		State Issued:		Phone Number:	-	-
Email:						
Mailing Address:	<input type="checkbox"/> <b>NEW</b> Service Address <input type="checkbox"/> Other (enter address below)					
Address:						
City			State		Zip Code	
Employer				Contact Number:	-	-

<b>CURRENT</b> Service Address:				End Date:		
Is address a:	<input type="checkbox"/> Business	<input type="checkbox"/> Residence	Are you the:	<input type="checkbox"/> Builder	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter
<b>NEW</b> Service Address:				Start Date:		
Is address a:	<input type="checkbox"/> Business	<input type="checkbox"/> Residence	Are you the:	<input type="checkbox"/> Builder	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter

I HEREBY AFFIRM THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I WILL ASSUME THE FULL RESPONSIBILITY OF ALL FINANCIAL 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

<input type="checkbox"/> Photo ID	Deposit Amount: \$ _____	Assigned Account Number: _____
<b>Additional deposit needed?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES		If yes, deposit amount due \$ _____
<b>CURRENT SERVICE ADDRESS</b>		<b>NEW SERVICE ADDRESS</b>
Route/Sequence: _____/_____	Meter Number: _____	Meter Reading: _____
Meter Number: _____	Meter Reading: _____	Application Date: _____
Meter Reading: _____	Application Date: _____	
Application Processed by: _____		