

400 N Eastway Drive
 PO BOX 26
 Troutman, NC 28166
www.troutmanncc.gov



Office: 704.528.7600
 Fax: 704.528.7605
 Email: info@troutmanncc.gov

WATER & SEWER UTILITY APPLICATION

LEGAL PHOTO IDENTIFICATION REQUIRED

| | | | |
|---|--|--|--------------------------------------|
| Service Address: | | Subdivision: | |
| Applicant Name(s): | | | Requested Start Date: |
| Email Address: | | | Phone Number: - - |
| DL/ ID Number: | State: | Alternate Phone Number: - - | |
| Social Security Number: - - | | Federal Tax ID: - | |
| Employer: | Work Number: - - | | |
| Check all that apply: | <input type="checkbox"/> Homeowner | <input type="checkbox"/> Renter | <input type="checkbox"/> Landlord |
| | <input type="checkbox"/> Property Management Company | | |
| | <input type="checkbox"/> Residential | <input type="checkbox"/> Business/ Commercial | <input type="checkbox"/> Other _____ |
| Mailing Address: | <input type="checkbox"/> Service Address | <input type="checkbox"/> Other (enter address below) | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Have you ever had services with the Town of Troutman? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, when? | | Where? | |
| If renter, Landlord Name | Contact number: | | - - |

*COPY OF RENTAL AGREEMENT **WILL BE REQUESTED** FOR ALL RENTAL PROPERTIES*

I hereby affirm that all information on this application is true and correct. I will assume full responsibility for all financial obligations at the above service address until I/we have notified the town by filling out a disconnection form to discontinue services. 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 PRESENT IF WATER IS CURRENTLY OFF AT THIS LOCATION TO HAVE WATER SERVICE CUT ON.

Applicant Signature: _____ Application Date: _____

FOR OFFICE USE ONLY

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|--------------------------|---------------------------------------|-----------------------------------|---|---|
| Deposit Amount \$ | <input type="checkbox"/> Deposit Paid | <input type="checkbox"/> Photo ID | <input type="checkbox"/> Rental Agreement | Account Number: |
| Route/Sequence: / | Town Limits: | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | Welcome Email: <input type="checkbox"/> |
| Meter Number: | Meter Reading: | | | |
| Meter Number: | Meter Reading: | | | |
| Bin Order #: | Additional Bins: | FMX Work Order #: | | |
| Application Received by: | | Processed Date: | | |
| Readings Entered: | Fixed Services: | | | |