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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service Address: | |  | | | | Disconnection Date: |  |
| Is address a: | Business | | Residence | Are you the: | Builder | Owner | Renter |

APPLICANT:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | Social Security Number or Federal Tax ID: | | | | |  | | |
| Driver’s License Number: | | |  | State Issued: | |  | | | Phone Number: | | **-     -** | | | |
| Email: |  | | | | | | | | | | | | | |
| Forwarding Mailing Address: | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | |
| City | |  | | | State | | |  | | Zip Code | | | |  |
| Employer | |  | | | | | | | Contact Number: | | | | **-     -** | |

**The deposit on file will be applied to the final bill, if deposit is greater than final bill the remainder will be mailed to the forwarding address listed above. If the final bill is greater than the deposit the customer will receive a bill for the difference. Any unpaid balance will be subject to the Debt Set-off program: 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.**

**I/WE HEREBY AFFIRM THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I/WE 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/WE HAVE RECEIVED A COPY OF THE TOWN OF TROUTMAN WATER/SEWER POLICY AND WILL ADHERE TO ALL RULES AND REGULATIONS STATED IN THIS POLICY.**

NOTE: ***Disconnections occur Monday – Friday between the hours of 3:00 pm – 4:00 pm.***

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

**Office Use ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Photo ID |  | |  | Deposit Amount on file: | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Route/Sequence: | **\_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Assigned Account Number: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Meter Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Meter Reading: | \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Application Processed by: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Application Date: | \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ | |