Water & Sewer Utility Disconnection Service Application Town of Troutman

Troutson

Enjoy Lake Ammari ... Naturally

400 North Eastway Drive ■ Post Office Box 26 ■ Troutman North Carolina 28166

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LEGAL PHOTO IDENTIFICTION REQUIRED

Service Addre	ess:								Disco	nnection					
Is address a:	Busin	Business Residence Are		ou the:	ou the:		er	Owner			Renter				
												-		_	
APPLICANT:															
Name:									ecurity Number ral Tax ID:						
Driver's License Number:					State Issued:			Phone Number:				-	-		
Email:															
Forwarding N	Mailing Addre	ess:													
Address:															
City							State	e	Zip Code						
Employer								С	Contact Number: -				-		
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:								