

TOWN OF WEAVERVILLE

APPLICATION FOR WATER SERVICE

DATE _____

OWNER(S) NAME(S) _____

OWNER(S) DRIVERS LICENSE NUMBER/STATE/EXPIRATION DATE _____

SERVICE ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS) _____

PHONE NUMBER _____

IS THIS A RENTAL PROPERTY? _____ NOTE: IF YES, PLEASE BE ADVISED THAT RENTAL PROPERTIES STAY IN THE HOMEOWNERS NAME. THEY CAN BE MAILED TO THE RENTER'S ATTENTION AND TO THE SERVICE ADDRESS WITH YOUR APPROVAL.

EFFECTIVE DATE _____

OWNER SIGNATURE(S) _____

THE ABOVE AGREES TO BE RESPONSIBLE FOR ALL WATER AND/OR SEWER BILLS AS OF THE EFFECTIVE DATE.

OFFICE USE ONLY: DEPOSIT AMOUNT _____ ACCOUNT NUMBER _____