



# Town Of Nashville

## Application for Water / Sewer & Sanitation Services

Phone: 252.459.4511 Fax: 252.459.8926

Return **application** with a copy of your **photo ID, proof of ownership/ authorization** (HUD, Settlement Statement, Notarized Lease agreement), and **payment** to the Town Hall located at 499 South Barnes St., Nashville, NC

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

New Service Address: \_\_\_\_\_  
*Street Address*

Mailing: \_\_\_\_\_  
*City State*

(If different) Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ cell / home Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Services Requested: \_\_\_\_\_ Own  Rent

If you are renting the property, please fill in the information below:

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever had utility services with the Town of Nashville before? YES  NO  If yes, when? \_\_\_\_\_

### Sewer and / or Water Service Contract

The undersigned applicant for water and/or sewer service agree, if applicable, to conform to and abide by all the rates, rules and regulations provided by ordinance, code, resolution or otherwise of the Town of Nashville for water, wastewater and/or garbage services as are now, or hereafter, in force and which are a part of this contract. Applicant further agrees to provide notice in writing through the Utilities Department that service is to be discontinued for whatever period of time. Verbal notice is accepted however not binding.

**Return this completed application with a copy of your Photo ID, a valid copy of a HUD or Settlement Statement proving ownership or notarized lease. Deposits and service fees are required before service is rendered.** Enclose a check or money order to include a \$35 service fee, plus a \$100 utility account deposit.

### Disclaimer and Signature

*A Forwarding address is required at the time of discontinued services. When the final bill is paid your deposit of \$100 will be applied to your final bill and any remaining balance will be sent to the forwarding address provided by customer.*

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Pursuant to G.S. 132-1.10(b) and G.S. 143-64.60(b) we are requesting you provide your Social Security Number. Social Security Number disclosure is voluntary. If the number is provided, the information may be used for the purpose of performing a credit check and purposes of debt collection by the Town. The number may also be used for account holder identity verification.*

### For Office Use Only

Date of Application: \_\_\_\_\_ Previous Customer # (if applicable) \_\_\_\_\_

Forms Checklist: \_\_\_\_\_  
 Application **Account #** \_\_\_\_\_  
 Proof of Ownership **Work Order #** \_\_\_\_\_  
 Lease Agreement **Beginning Reading** \_\_\_\_\_  
 Govt. Issued Photo ID# \_\_\_\_\_ State: \_\_\_\_\_ **Deposit Charged** \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ By: CASH / CHECK