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

_____
City *State*

Mailing: (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 $50 service fee, plus a $200 utility account deposit. If no social security number is provided it will be a $250.00 Deposit.

Disclaimer and Signature

A Forwarding address is required at the time of discontinued services. When the final bill is paid your deposit of $200 will be applied to your final bill and any remaining balance with 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
- ○ Proof of Ownership
- ○ Lease Agreement
- ○ Govt. Issued Photo ID# _____ State: ____

Account # _____
Work Order # _____
Beginning Reading _____
Deposit Charged

Amount Paid: $_____ By: CASH / CHECK

Revised July 2026