

PLEASE PRINT CLEARLY

TOWN OF FUQUAY-VARINA, NC
APPLICATION FOR WATER, SEWER & SANITATION SERVICE

NAME OF RESPONSIBLE PARTY \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS TO BE SERVED \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(If owner, attach proof of ownership)

EMPLOYER NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE STATE & # \_\_\_\_\_

SOCIAL SECURITY # (SPOUSE) \_\_\_\_\_ D/L STATE & # (SPOUSE) \_\_\_\_\_

LIST WHERE YOU HAVE LIVED FOR PAST 3 YEARS:

\_\_\_\_\_ DATES

\_\_\_\_\_ DATES

PIN NUMBER FOR IDENTIFICATION \_\_\_\_\_

GARBAGE CART NEEDED? ( ) YES ( ) NO RECYCLING BIN NEEDED? ( ) YES ( ) NO

PLEASE READ CAREFULLY:

- 1. I will be responsible for water that goes through the meter at this address from the time it is turned on as requested herein, until it is turned off by the town, subsequent to a request by me in writing to discontinue the service in my name.
2. I will be responsible for the refuse and recycling containers supplied by the town as requested herein, until they are picked up by the town, subsequent to my request in writing.
3. If you do not receive your bill within a few days after your billing date each month, please call the town office to check on your bill. You are still responsible for making your payment before the due date. (919) 552-1404
4. Bills must be paid in full by the DUE DATE stated on your bill to avoid a late penalty. Bills not paid in full within five (5) days of the due date will be subject to an additional penalty and water service will be cut off.
5. If service is discontinued for non-payment, all bills and penalties must be paid before service is restored, and a deposit may be required if we do not already have a deposit on hand.

I HAVE READ AND UNDERSTAND MY RESPONSIBILITY AS STATED ABOVE:

DATE SERVICE DESIRED \_\_\_\_\_

Signature of Responsible Party

Date

TOWN USE:

Deposit \$ \_\_\_\_\_ Meter # \_\_\_\_\_ Account # \_\_\_\_\_

Sequence# \_\_\_\_\_ Meter Reading \_\_\_\_\_ Date \_\_\_\_\_

Garbage Cart # \_\_\_\_\_ Recycle Bin# \_\_\_\_\_ By \_\_\_\_\_

NOTE: If you determine you need a garbage cart or recycling bin, or have questions regarding garbage or recycling, please call 753-1027.