



134 N Main Street
Fuquay-Varina, North Carolina 27526

BULK WATER SALES AUTHORIZATION

Date Needed _____

Customer _____

Mailing Address _____

City, State, Zip _____

Responsible Party _____

Phone Number _____

Job/Location _____

Date to Pick Up _____

() In Town () Out of Town () Swimming Pool

Signature _____

Water Department
Hydrant Location _____

Beginning Read _____

Ending Read _____