

Town of Warsaw
121 S. Front Street
Warsaw, NC 28398
910-293-7814

APPLICATION FOR WATER

Full Name: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Phone Number: _____ Cell Number: _____

Service Address:

Mailing Address is different from service address:

City: _____ State: _____ Zip Code: _____

PLEASE LIST ALL LIVING IN THE HOUSEHOLD:

	NAME	AGE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Place of Employment:

Employment Phone Number: _____

Rental Property: Y N Landowner: _____

Type of Service: Residential Commercial

Emergency Contact: _____ Phone Number: _____

Water Service Requirements:

1. Copy of Lease in Water Applicant's Name _____
2. Valid NC Driver's License or Identification _____
3. Mandatory Deposit of \$200.00 _____
4. Working Phone Number _____
5. Social Security Number _____

Note: Disclosure of your social security number is voluntary. The Town of Warsaw is authorized to request this number under NC General Statutes 143-64-60(b) and 132-1-10(b) and (c). A social security number will be used for collection of debts owed to the Town of Warsaw and credit check(s). The failure to provide a social security number will result in a higher deposit as the cost of collecting a delinquent account is higher if the social security number is not readily available. The last four digits of the social security number may be used to verify identity before disclosing account information.

I, _____, hereby give permission to _____ to have access to this account. I fully understand that Town Hall will not disclose any information to anyone not listed on this account as having access.

I fully understand that if the current months bill plus the previous months bill are not paid by the 15th of the month at 10 am the account will receive a \$50.00 cut off fee and water service will be discontinued, until account is paid in full. _____

I fully understand that there are no extensions nor will balances carry over. Bills MUST be paid in full every month. _____

I fully understand that the Town of Warsaw will charge a \$50.00 meter tampering fee should it be discovered that water was turned on/off without the consent of the Town. _____

Signature of Applicant

Date

FOR OFFICE USE ONLY

Deposit Amount: _____

Date Cut On: _____

Location Number: _____

Meter Reading: _____

Meter Number: _____

Completed By: _____