



# Town of Carthage

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## WATER SERVICE APPLICATION

**Please include a copy of your driver's license or photo ID.**

### FOR OFFICE USE ONLY

Account #:

Are you the homeowner or tenant? ☐ Owner ☐ Tenant

Customer Name: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email bill instead of paper? ☐ Yes ☐ No

Driver's License Number: \_\_\_\_\_

State Issued From: \_\_\_\_\_

\*Soc. Security #: \_\_\_\_\_

\*Race: \_\_\_\_\_ \*\*Latino ☐ \*\*Non-Latino ☐

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AUTO-DRAFT (optional):** Payments can be automatically drafted out of your account using a bank routing number and account number. All auto-draft payments are drafted on the 10<sup>th</sup> of each month unless that date falls on a weekend or holiday; then it will be the first business day after.Do you wish to have your bill auto-drafted? ☐ Yes ☐ No

Bank name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

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

## LANDLORD INFORMATION IF SERVICE ADDRESS IS A RENTAL

**Please include a copy of your lease or rental agreement along with a \$100 security deposit.**

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Service Turned On: \_\_\_\_\_

Deposit Paid: ☐ Yes ☐ No ☐ N/A

Rec. By: \_\_\_\_\_

\* Providing this number is voluntary. G.S. 105A-3© authorizes the Town of Carthage to obtain a Social Security number from any person for whom the town provides any service and whom the town can foresee may become a debtor. This number will be used only if necessary in the collection of any debt owed to the Town of Carthage.

\*\* Providing this information is voluntary.