TOWN OF GREENEVERS WATER DEPARTMENT
314 East Charity Road * Rose Hill, NC 28458
Phone: (910) 289-3078 Fax: (910) 289-2555

APPLICATION FOR WATER AND SEWER SERVICE

Applicant Name: _____ _____ _____
First Middle Last

Applicant Social Security #: _____* Applicant Driver License #: _____*

Home Phone: (____)_____ Work Phone: (____)_____ Other Contact #: (____)_____

Co-Applicant Name: _____ _____ _____
First Middle Last

Co-Applicant Social Security #: _____ Co-Applicant Driver License #: _____

Home Phone: (____)_____ Work Phone: (____)_____ Other Contact #: (____)_____

Service Address: _____

Are you Renting/Leasing or Own this Property? ___Renting ___Own

BILLING INFORMATION

Billing Address: _____

Start Date for Services: _____/_____/_____

WATER BILLING POLICY

All bills for water and sewer services are due by the 15th of the month. All utility bills not paid by the due date indicated on the bill, will be assessed a $10.00 late charge. Bills remaining unpaid at the time of next billing are subject to disconnection and assessed a $40.00 re-connection fee which must be paid in full before restoration of service. _____ (Initial)

In the event a water meter has been turned off by the town and is subsequently found back in service, there will be a two hundred fifty dollars ($250) fine imposed for tampering with town property. Water meters are turned on and off by appropriate town employees only. _____ (Initial)

In addition, for service connections were sewer service is offered, the property must have electrical service in place before water service is cut on. Failure to supply electricity will damaged the grinder pump and the Town will charge the user the cost to repair the pump. _____ (Initial)

IN TOWN, $100.00 DEPOSIT OUT OF TOWN, $50.00 DEPOSIT

A deposit of $_____ is required before service can be activated in your name.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

* This information will only be used as a means to collect on delinquent accounts and will not be shared with any secondary parties.

FOR OFFICE USE ONLY:
Location #: _____ Reading: _____ Acct#: _____

Amount Paid: $_____ Payment Type: Cash ___ Check ___ Credit Card _____ #_____ Received By: _____

Service Type: ☐ New Meter Installation ☐ New Service, Established Location