

## TOWN OF PEMBROKE PO BOX 866 / 98 UNION CHAPEL RD. PEMBROKE, NC 28372

## **APPLICATION FOR COMMERCIAL WATER SERVICES**

(APPLICANT / HOMEOWNER)  SECTION FIVE: (DEPOSIT REQUIRED – CASH OR CHECK)  (AMOUNT)  (AGENT)  SECTION SIX: (OFFICE USE)  METER NUMBER:  READING: BOOK # PAGE #  SECTION SEVEN: (TRANSFER)	SECTION ONE: (TO BE COMPLETED	BY APPLICANT)	
BUSINESS OWNER'S NAME:  MAILING ADDRESS IF DIFFERENT THAN ABOVE: TELEPHONE NUMBER: CELL PHONE NUMBER: SOCIAL SECURITY NUMBER OR FEDERIAL ID NUMBER: ID/DRIVER'S LICENSE NUMBER:  SECTION TWO: (TO BE COMPLETED ONLY IF PROPERTY IS LEASED)  NAME OF PROPERTY OWNER: OWNER'S ADDRESS: OWNER'S TELEPHONE NUMBER:  SECTION THREE: (TO BE COMPLETED BY APPLICANT) TYPE OF BUSINESS TO BE CONDUCTED: PREVIOUS ADDRESS: HAVE YOU HAD A WATER ACCOUNT WITH THE TOWN BEFORE: YES NO IF YES, WHEN & WHERE:  SECTION FOUR: (SIGNATURE)  (APPLICANT / HOMEOWNER)  (APPLICANT / HOMEOWNER)  SECTION FIVE: (DEPOSIT REQUIRED - CASH OR CHECK)  (AMOUNT)  (AGENT)  SECTION SIX: (OFFICE USE)  METER NUMBER: READING: BOOK # PAGE #  SECTION SEVEN: (TRANSFER)	NAME OF BUSINESS :		
TELEPHONE NUMBER: CELL PHONE NUMBER: SOCIAL SECURITY NUMBER OR FEDERIAL ID NUMBER: ID/DRIVER'S LICENSE NUMBER: ID/DRIVER'S LICENSE NUMBER: SECTION TWO: (TO BE COMPLETED ONLY IF PROPERTY IS LEASED)  NAME OF PROPERTY OWNER: OWNER'S ADDRESS: OWNER'S ADDRESS: OWNER'S ADDRESS: OWNER'S TELEPHONE NUMBER: PREVIOUS ADDRESS: PREVIOUS ADDRESS: NO IF YES, WHEN & WHERE: NO IF YES, WHEN & WHERE: NO IF YES, WHEN & WHERE: (APPLICANT / HOMEOWNER)			
SOCIAL SECURITY NUMBER OR FEDERIAL ID NUMBER:  ID/DRIVER'S LICENSE NUMBER:  SECTION TWO: (TO BE COMPLETED ONLY IF PROPERTY IS LEASED)  NAME OF PROPERTY OWNER:  OWNER'S ADDRESS:  OWNER'S ADDRESS:  OWNER'S TELEPHONE NUMBER:  SECTION THREE: (TO BE COMPLETED BY APPLICANT)  TYPE OF BUSINESS TO BE CONDUCTED:  PREVIOUS ADDRESS:  HAVE YOU HAD A WATER ACCOUNT WITH THE TOWN BEFORE: YES NO  IF YES, WHEN & WHERE:  SECTION FOUR: (SIGNATURE)  (APPLICANT / HOMEOWNER)  (APPLICANT / HOMEOWNER)  (AGENT)  SECTION SIX: (OFFICE USE)  METER NUMBER:  READING:  BOOK # PAGE #  SECTION SEVEN: (TRANSFER)	MAILING ADDRESS IF DIFFERENT THAN	ABOVE:	
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SECTION TWO: (TO BE COMPLETED ONLY IF PROPERTY IS LEASED)  NAME OF PROPERTY OWNER:	SOCIAL SECURITY NUMBER OR FEDERIA	L ID NUMBER:	
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SECTION THREE: (TO BE COMPLETED BY APPLICANT)  TYPE OF BUSINESS TO BE CONDUCTED:  PREVIOUS ADDRESS:  HAVE YOU HAD A WATER ACCOUNT WITH THE TOWN BEFORE: YES	NAME OF PROPERTY OWNER:		
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PREVIOUS ADDRESS:	SECTION THREE: (TO BE COMPLET	ED BY APPLICANT)	
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SECTION FOUR: (SIGNATURE)	PREVIOUS ADDRESS:		
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SECTION FIVE: (DEPOSIT REQUIRED – CASH OR CHECK)  (AMOUNT) (AGENT)    SECTION SIX: (OFFICE USE)    METER NUMBER:   READING:   BOOK # PAGE #   SECTION SEVEN: (TRANSFER)	SECTION FOUR: (SIGNATURE)		
(AMOUNT) (AGENT)  SECTION SIX: (OFFICE USE)  METER NUMBER:  READING: BOOK # PAGE #  SECTION SEVEN: (TRANSFER)	(APPLICANT / HOMEOWNER)		(DATE)
SECTION SIX: (OFFICE USE)         METER NUMBER:	SECTION FIVE: (DEPOSIT REQUIRE	D – CASH OR CHECK)	
METER NUMBER:  READING:  BOOK # PAGE #  SECTION SEVEN: (TRANSFER)	(AMOUNT)		(AGENT)
READING:  BOOK # PAGE #  SECTION SEVEN: (TRANSFER)	SECTION SIX: (OFFICE USE)		
BOOK # PAGE # <u>SECTION SEVEN: (TRANSFER)</u>	METER NUMBER:	<u>-</u>	
SECTION SEVEN: (TRANSFER)	READING:		
	BOOK # PAGE #		
OLD LOCATION DELEGATION	SECTION SEVEN: (TRANSFER)		
OLD LOCATION: METER # READING:	OLD LOCATION:	METER #	READING: