

## TOWN OF PEMBROKE

PO BOX 866 / 98 Union Chapel Rd. Pembroke, NC 28372

## <u>APPLICATION FOR RESIDENTIAL WATER SERVICES</u>

## SECTION ONE: (TO BE COMPLETED BY APPLICANT)

NAME:		
PHYSICAL ADDRESS:		
MAILING ADDRESS IF DIFFERENT FROM P	HYSICAL ADDRESS:	
TELEPHONE NUMBER:	CELL PH	IONE NUMBER:
SOCIAL SECURITY NUMBER:	ID/DRIV	ER'S LICENSE NUMBER:
SECTION TWO: (NAME OF HOMEOW	NER IF RENTAL PRO	PERTY)
NAME OF HOMEOWNER:		
OWNER'S ADDRESS:		
OWNER'S TELEPHONE NUMBER:		
SECTION THREE: (APPLICANT'S PLA	ACE OF EMPLOYMEN	IT)
EMPLOYER'S NAME:		
EMPLOYER'S ADDRESS:		
EMPLOYER'S TELEPHONE NUMNER:		
HAVE YOU HAD A WATER ACCOUNT WIT		
IF YES, WHEN & WHERE:		
SECTION FOUR: (SIGNATURE)		
(APPLICANT / HOMEOWNER)		(DATE)
SECTION FIVE: (DEPOSIT REQUIRED	O – CASH OR CHECK)	
(AMOUNT)		(AGENT)
SECTION SIX: (OFFICE USE)		
METER NUMBER:		
READING:		
BOOK # PAGE #		
SECTION SEVEN: (TRANSFER)		
OLD LOCATION:	METER #	READING:
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