

Rt/Seq \_\_\_\_\_ Deposit Paid: Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_

# TOWN OF ELON

Phone: 336-584-0282

Email: elonwater@ci.elon.nc.us

Fax: 336-584-5334

## Water & Sewer Service Application

Turn On Service Date: \_\_\_\_\_

A/C #: \_\_\_\_\_

W/O#: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(First) (MI) (Last)

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

Billing Address: \_\_\_\_\_

*Deposit* (Students use Campus Box or Parents Mailing Address) (City) (State) (Zip Code)  
( ) Renter \$125.00 ( ) Mobile Home \$125.00 ( ) Homeowner - N/A ( ) Property Mgmt Firm

Have you ever had prior water service with the Town of Elon? ( ) YES ( ) NO

If "yes" please advise service location address: \_\_\_\_\_

<i>Landlord's Name</i>		<i>Landlord's Address</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone Number</i>
_____	_____	_____	_____

Applicant's E-Mail: \_\_\_\_\_

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

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_

Applicant's Work Phone Number: ( ) \_\_\_\_\_

Applicant's Contact Phone Number: ( ) \_\_\_\_\_

### All Students - Please list your parent's name, address & phone number:

*Name* *Address*

*City* *State* *Zip Code*

( )- \_\_\_\_\_ - \_\_\_\_\_  
*Phone Number* *Date Received*

All of the above information is correct as stated: \_\_\_\_\_  
(Seal) Signature of applicant Rev 5/2017

Mail completed application to: Town of Elon Water Department, P. O. Box 595, Elon NC 27244