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: _____
(City) (State) (Zip Code)

Deposit Payment: ***(Cash/Check/Visa/Discover/Mastercard)***

( ) 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: _____

_____
Landlord's Name *Landlord's Address*

_____ (_____)-_____ - _____
City *State* *Zip Code* *Phone Number*

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

Mail to: Town of Elon Water Department, P. O. Box 595, Elon NC 27244 (Rev: 04/02/15)