

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:

<i>Name</i>		<i>Address</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
_____	_____	_____	
(_____) - _____ - _____	<i>Date Received</i>		
<i>Phone Number</i>	_____		

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

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.