Application for Utility Service
TOWN OF ELIZABETHTOWN
WATER DEPARTMENT

For Office Use Only
Amount of Deposit:_____
Account No.:_____
Location #_____
Meter #_____
Cash: _____Check:_____Trans:_____
Res: _____Comm:_____Ind:_____
Rent: _____Buy:_____Lease:_____
W&S:_____Water Only:_____
Date Refunded: _____
Amount Refunded:_____
Clerk:_____

Application Date:

Name:

Mailing Address:

House No. & Street:

Phone No.:

If transferred, previous address: (Acct. No/Street)

Landlord (if rental):

Reference & Address:

Do you have any medical problems requiring water service? Yes ☐ No ☐

Drivers License No: Social Security No:

Employer:

I hereby certify that all of the above information is correct.

_____ Date:
Signature of Applicant

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Please print out this form and bring it to the Finance Department at:

Town Municipal Building
805 W. Broad Street
Elizabethtown, NC 28337

NOTE: Your application must be accompanied by your drivers license and Social Security Card.