

TOWN OF LITTLETON
Water & Sewer Department
112 E. South Main Street - P. O. Box 87
Littleton, NC 27850 - (252) 586-2709

APPLICATION FOR WATER AND/OR SEWER SERVICE

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**Name of Applicant:** First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Residential \_\_\_\_\_ or Commercial \_\_\_\_\_ Owner \_\_\_\_\_ or Renter \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Other ID/EIN (if commercial): \_\_\_\_\_  
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Co-Applicant Information (also responsible for bill):

Name of Applicant: First: _____ MI: _____ Last: _____

Employer: _____

Drivers License # _____ State of Issue _____ Date of Birth: _____

SSN: _____ Name as it appears on card: _____
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**Renters -- please provide the following:**

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Applicant's Previous Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Previous Utility Reference: Company: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Service: \_\_\_\_\_  
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Application Fees:

- Tap Size _____
- 1. Tap Deposit \$ _____
- 2. Sewer Tap Fee \$ _____
- 3. Water Tap Fee \$ _____
- 4. Deposit \$ _____
- 5. Other \$ _____

Total Fees: \$ _____

<i>Office Use Only</i>
Acct#: _____
Book/Seq: _____
Reading: _____
Date Connected: _____
Processed: _____

I hereby make application to water and/or sewer to be supplied at the address above described, and hereby agree to all terms and conditions set forth in the Town of Littleton Water & Sewer Policy and Rate Schedule as now existing or as may hereafter be modified. I further agree to comply with all provisions to the same extent as if those conditions were written in this application. I understand that, should it become necessary for the Town of Littleton to turn my account over to collection agency, I will be responsible for any fees which are incurred pertaining to my account. The information submitted on this form is to verify/confirm applicant's identity and may be used for debt collection as authorized by N.C.G.S. 105A.

Applicant Signature: _____ Date: _____