

Application for Water/Sewer Service

(Application for Service Must Be Made in Person ~ Applicant Must Show Photo ID)

PLEASE PRINT CLEARLY

DATE YOU WILL ASSUME SERVICE: _____

Customer's Name: _____
(LAST) (FIRST) (MIDDLE)

Service Address: _____

Billing Address (if different): _____

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____ Drivers License Number: _____

Do you own your home? Yes _____ No _____

If no, submit a \$50 deposit with this application and list the name, address and phone number of landlord:

Employer's Name, Address & Phone Number: _____

Number of Occupants: _____

Previous Address: _____

Are you transferring water/sewer services from another address within the Town of Mooresville? _____

If yes, what is the date to turn off the existing account? _____

Co-Applicant's Name: _____
(LAST) (FIRST) (MIDDLE)

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____ Drivers License Number: _____

Your signature authorizes a credit report to be accessed.

SIGNATURE: _____

DATE: _____

