

TOWN OF WELDON  
APPLICATION FOR WATER & SEWER SERVICE/FOR RESIDENTIAL SERVICE  
P.O. Box 551 Weldon, NC 27890  
(252) 536-4836

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SS No.** \_\_\_\_\_

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

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

**Home Phone No.** \_\_\_\_\_ **Emergency Contact No.** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SS No.** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Own  Rent **Property Owner:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**\*Minimum requirements for services: You must be 18 YRS. of age, pay a deposit, complete an application, have a copy of your lease/deed, and a photo ID.**

**\*Your Social Security Number and date of birth are being requested for verification of your identity and may be used to collect any debt owed to the Town. There is no statutory or other authority requiring you to give your Social Security number.**

**\*Bills are payable at the Town Hall by the 15<sup>th</sup> of each month. If payment is not made by the 15<sup>th</sup>, a penalty of \$5.00 will be added to your bill. If the bill remains unpaid after the 20<sup>th</sup> of the month, services will be interrupted and a fee of \$ 25.00 will be attached to your bill. Failure to receive bill does not excuse customer from applicable penalties or cut-off fees. Return check fee is \$20.00.**

**\*\*\*\*\*Important Notice\*\*\*\*\***

**At no time will you be permitted to turn your own water on or off. If it is determined that the service has been tampered with: there will be a charge of \$100.00 attached to your bill, including but not limited to; all applicable penalties, and or, cut off fees; and will be payable upon receipt.**

I hereby apply for service, as stated above, at the address shown and agree to adhere to the regulation governing these services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

**READING**

**For office use only**

**Account No.** \_\_\_\_\_ **Service Turn on Date:** \_\_\_\_\_

**\* Deposit Amount:** \_\_\_\_\_  Residential/Owner (\$75.00)  Rental (\$150.00)  New  Transfer

**Transfer From:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_