Town of Saratoga Utilities P. O. Box 206

Saratoga, NC 27873 (252) 238-3487 Fax: (252) 238-3489

APPLICATION FOR WATER AND/OR SEWER SERVICE

Name of Applicant		
Last Nan	e First Name	Middle Initial
Co-Applicant		
Last Nam	e First Name	Middle Initial
Service Address		
Billing Address		
Phone #		
Check One: OWNER		
Applicant:		
Drivers License #(Photo copy require	State of Issue	Social Sec #
(Photo copy require	d)	(Photo copy required)
Co-Applicant:		
Drivers License #(Photo copy require	State of Issue	Social Sec #(Photo copy required)
A 12		(Photo copy required)
Applicant EmployerAddress		ni
Address		Phone
Co-Applicant EmployerAddress		Phone
Type of Service:	Residential	_Non-Residential
Application Fees: Tap Size	FT I Posidont	(Initial) I would libe to an i
Water Deposit \$	garhage nickur	s (Initial) – I would like to receive servicesYesNo
Water Tap Fee \$		y servicesresNo
Sewer Tap Fee \$		Garbage Bin # S 1511
Garbage Bin \$		Recycle Bin # S 1511
Owner Clean up 1 week	_(\$25.00 plus water/sewer us	sage)
Other \$	_	
TOTAL FEES \$		Receipt #
provisions & Town of Saratoga Ordinances to the sa	or as now existing or as may nereafter b	scribed, and hereby agree to all terms set forth in the e modified. I further agree to comply with all it length in this application. I understand that, should it for any and all court costs and fees, which are incurred
Applicant Circuit		
Applicant Signature		Date
Co-Applicant Signature		Date
Date Connected		A = = = = = # #
		Account #
		Meter Reading
Office Use - New Customer Checklist of things that Deposit Card RVS Software	have to be done: Water Deposit Log Address Acct. Rec	eipt Log Excel Water Program