## 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 Name	First Name		Middle Initial
Co-Applicant			
Last Name	First	Name	Middle Initial
Service Address			
Billing Address			
Phone #		gn up for Town Alerts?	
Check One: OWNER	RENTER		
Applicant: Drivers License #(Photo copy required)	State of Issue	Social Sec #	
		(Pho	oto copy required)
Co-Applicant: Drivers License #	State of Issue	Social Sec #	
(Photo copy required)	State of Issue	Social Sec #(Pho	oto copy required)
Applicant Employer			
Address		Phone	
Co-Applicant Employer			
Address		Phone	
Type of Service:	Residential	Non-Residentia	1 %
Application Fees: Tap Size	ETJ Resi	<b>dents</b> (Initial) – I would	d like to receive
Water Deposit \$	garhage ni	ickup services.	
Water Tap Fee \$			
Sewer Tap Fee \$		Garbage Bin # S 1	511
Garbage Bin \$ Owner Clean up 1 week	(\$25 00 plus water/sew	Recycle Bin # S 1	511
Other \$	(\$25.00 plus water/sew	er usage)	
TOTAL FEES \$	Receipt #		
I hereby make application for water and/or sewer to be Town of Saratoga Water & Sewer Policy and Rate Sch provisions & Town of Saratoga Ordinances to the same be necessary for the Town of Saratoga to turn my acco- pertaining to my account(s).	edule as now existing or as may here extent as if those conditions were w	rafter be modified. I further agree	to comply with all
Applicant Signature			Date
Co-Applicant Signature	-		Date
Date Connected		A	<b>4</b> 41
Zatt Commoned	317	Account # Meter Reading	
		Wicter Rea	.u.iig
Office Use - New Customer Checklist of things that have Deposit Card RVS Software V		ect. Receipt Log Excel Wat	er Program