

TOWN OF CANDOR APPLICATION FOR WATER/SEWER CONNECTION

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NO. _____ MOBILE PHONE NO. _____

SOCIAL SECURITY NO. _____ *The disclosure of the Social Security # is voluntary and protected under G.S. 143-64.60 State Privacy Act, is to be utilized for identification purposes under G.S. 105A Setoff Debt Collection Act.

DRIVERS LICENSE NO. _____

EMPLOYER _____ PHONE _____

NAME AND ADDRESS OF YOUR NEAREST RELATIVE:

LIST NAMES (FIRST & LAST) OF PERSONS TO RESIDE AT THIS RESIDENCE:

IF RENTAL – NAME OF OWNER OF PROPERTY: _____

PHONE NO. _____ ADDRESS _____

I ATTEST THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

NOTE: WATER AND SEWER SERVICES CANNOT BE CONNECTED UNTIL THIS APPLICATION HAS BEEN FILLED OUT AND THE APPROPRIATE FEE HAS BEEN PAID. **THE FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE.

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DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

DATE: _____ CONNECTION FEE \$ _____ METER NO. _____

RESIDENTIAL COMMERCIAL INSIDE OUTSIDE SEWER