

Water & Sewer Utility Application

Town of Troutman

400 North Eastway Drive ■ Post Office Box 26 ■ Troutman North Carolina 28166
 Phone: 704.528.7600 ■ www.townoftroutman.org ■ Fax: 704.528.7605



****LEGAL PHOTO IDENTIFICATION REQUIRED****

Service Address:				Start Date:		
Is address a:	<input type="checkbox"/> Business	<input type="checkbox"/> Residence	Are you the:	<input type="checkbox"/> Builder	<input type="checkbox"/> Owner	<input type="checkbox"/> Renter
Have you had service with the Town of Troutman previously?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?			Where?			
If renter, Landlord Name and contact number:						

COPY OF RENTAL AGREEMENT REQUESTED ON ALL RENTAL PROPERTY

APPLICANT:

Name:		Social Security Number or Federal Tax ID:	
Driver's License Number:	State Issued:	Phone Number:	- -
Email:			
Mailing Address: <input type="checkbox"/> Service Address <input type="checkbox"/> Other (enter address below)			
Address:			
City	State	Zip Code	
Employer	Contact Number:		- -

I HEREBY AFFIRM THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I WILL ASSUME THE FULL RESPONSIBILITY OF ALL FINANCIAL OBLIGATIONS AT THE ABOVE SERVICE ADDRESS UNTIL I/WE HAVE NOTIFIED THE TOWN IN WRITING TO DISCONTINUE SERVICE. I HAVE RECEIVED A COPY OF THE TOWN OF TROUTMAN WATER/SEWER POLICY AND WILL ADHERE TO ALL RULES AND REGULATIONS STATED IN THIS POLICY. Before water service is turned on, applicants must make a deposit as set out in the Town of Troutman "Fee Schedule." When a customer has discontinued utility services with the Town, either involuntary or voluntary, the deposit shall be applied to the final bill. After 30 days, any remaining balance is due to the Town Hall, with proper notification; the balance remaining will be subject to the Debt Set-off program and may be garnished from future NC state income tax refunds.

NOTE: CUSTOMER MUST BE AT SERVICE ADDRESS BETWEEN THE HOURS OF 3:00 PM AND 4:00 PM TO HAVE WATER SERVICE CUT ON.

Applicant Signature: _____ Application Date: _____

OFFICE USE ONLY

New Construction/ Connections:	Check Fees as Paid			
	<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Availability Fee	<input type="checkbox"/> Tap Fee (includes meter fee)	<input type="checkbox"/> Meter ONLY
<input type="checkbox"/> Deposit Paid	<input type="checkbox"/> Photo ID	<input type="checkbox"/> Rental Agreement	Deposit Amount: \$ _____	
Route/Sequence: _____/_____	Assigned Account Number: _____			
Meter Number: _____	Meter Reading: _____			
Application Processed by: _____	Application Date: _____			