



RESIDENTIAL WATER/SEWER SERVICE APPLICATION

CITY OF ARCHDALE
307 BALFOUR DRIVE
P.O. BOX 14068
ARCHDALE, NORTH CAROLINA 27263
PHONE: (336) 434-7341 FAX: (336) 431-2130

PLEASE PRINT CLEARLY

***APPLICANTS MUST APPLY IN PERSON & PRESENT GOVERNMENT ID**

FLAT SEWER SERVICE MUST BE IN OWNERS NAME

***A CREDIT REPORT WILL BE PERFORMED TO DETERMINE AMOUNT OF DEPOSIT REQUIRED**

A \$25.00 service fee will be added to the first bill

DATE SERVICE REQUESTED: _____

APPLICANT: _____
LAST NAME FIRST MIDDLE *SS# DRIVER'S LIC# STATE

SECOND APPLICANT: _____
LAST NAME FIRST MIDDLE *SS# DRIVER'S LIC# STATE

If there are more than one applicate, both applicants' names must be on the lease or purchase agreements.

***Pursuant to G.S. 105 A-3(c) and G.S. 143-64.60(b), disclosure of a social security number is voluntary and could be used for fraud prevention and debt collection purposes. Personal information collected by the City of Archdale will be used to ensure proper identification. In no case will the information be shared, sold or otherwise made available for public inspection. There is an additional utility deposit required from applicants that choose not to provide a social security number or Tax ID number.**

SERVICE ADDRESS: _____
(Customers who live outside City limits will pay double rates. Please ask if you are unsure.)

MAILING ADDRESS: _____
(If different from above)

HOME PHONE NUMBER (_____) _____ - _____ E-MAIL ADDRESS _____

CELL PHONE NUMBER (_____) _____ - _____

HAVE YOU EVER HAD SERVICE WITH THE CITY OF ARCHDALE AT ANOTHER RESIDENCE? YES _____ NO _____

PREVIOUS ADDRESS: _____

NAME AND PHONE NUMBER OF NEAREST FRIEND OR RELATIVE _____

FRIEND _____ RELATIVE _____

DO YOU OWN YOUR OWN HOME? YES NO _____ NUMBER IN HOUSEHOLD: _____

MORTGAGE COMPANY/LANDLORD: _____
(Offer to purchase form/lease agreement form required)

PLEASE INDICATE: ____ Residential ____ Apartment/Condo/Townhome
 Single Family Multi-Family Residential

WOULD YOU LIKE THIS ACCOUNT SET UP ON AUTOMATIC BANK DRAFT? YES _____ NO _____

EMPLOYER: _____

WORK PHONE NUMBER:(_____) _____ - _____

CO APPLICANT EMPLOYER: _____

CO APPLICANT WORK PHONE NUMBER: (_____) _____ - _____

Service can be refused for prior utility delinquencies.

We understand that we are responsible for all bills and services provided to this address, which may include water, sewer, trash, recycle, and storm water.

If there is a deposit on the account when services are disconnected it will be applied to the final bill and remaining deposit will be refunded to the account holder at the last known address, provided the refund amount exceeds \$3.00.

Customers will be held responsible for damage to city property; cost of repairs may be deducted from deposit.

Trash & recycle carts must remain at this location, if removed you may be charged \$75.00 per cart, on final bill.

Our signature verifies that we have received copies of rate fees and Payment & Collection Policy. Code of Ordinance can be found on our web-site at www.archdale-nc.gov (these are subject to change at any time, we understand that we will be held accountable to these new changes).

SIGNATURE DATE

CO-APPLICANT SIGNATURE DATE

***Your signature authorizes a credit report to be accessed
*Deposits do not pay interest**