

**TOWN OF STOKESDALE
APPLICATION FOR WATER SERVICE**

NAME OF APPLICANT: _____
Last Name First Name Middle Initial

SERVICE ADDRESS: _____

BILLING ADDRESS: _____
Street
City State Zip Code

PHONE: (Home) _____ (Work) _____ (Other) _____

DRIVER LICENSE # & STATE _____

Check One: OWNER _____ RENTER _____ LANDLORD CODE _____

EMPLOYER: _____

TYPE OF SERVICE

_____ Residence _____ Restaurant Seating Capacity _____
_____ Motel with _____ Units _____ Apartments with _____ Units
_____ Other (Explain) _____

APPLICATION FEES

Tap Size Requested _____

- 1. Tap Fee \$ _____
- 2. Impact Fee \$ _____
- 3. Deposit \$ _____
- 4. Backflow Device \$ _____
- 5. Bore/Cut Fee \$ _____
- 6. Other (Specify) \$ _____

TOTAL FEES: _____

ACCOUNT NUMBER: _____

I hereby make application to water service to be supplied at the address described above, and hereby agree to all terms and conditions set forth in the Town of Stokesdale Water Policy as now existing or as may hereafter be modified. I further agree to comply with all provisions to the same extent as if those conditions were written in this application. I understand that, should it become necessary for the Town of Stokesdale to turn my account over to a collection agency, I will be responsible for any fees, which are incurred pertaining to my account.

If I am the owner of rental property, I understand that my deposit will be held until the property is sold or converted to other use. When this property is rented, I may require that the renter pay a deposit and place the account in his name. When the renter moves out and terminates his water service, this account shall revert automatically back into my name, and I shall be responsible for the monthly charges thereafter accruing until the property is re-rented. As the property owner, I will be responsible for the repair, maintenance, or replacement of any leaks occurring in my water system without regard as to whether the property is occupied by myself, a tenant or is unoccupied. If this property contains a meter which serves more than one living unit, I will be required to leave the account in my name and I will be responsible for all water bills incurred at this location.

SIGNED _____

DATE _____

Town of Stokesdale
PO Box 465
8416 US Hwy 158
Stokesdale, NC 27357

Phone/Fax 336-643-4011