

City of Lowell, NC
APPLICATION FOR SERVICE

Services Provided: Water Sewer Trash

RESIDENT INFORMATION

Owner Renter Date: _____

Activation Fee (\$50.00): Cash Check # _____ Credit/Debit

Deposit (\$150.00): Cash Check # _____ Credit/Debit

Name: _____

Landlord's Name (if renting): _____ Phone: _____

Service Address (to connect): _____

Mailing Address (for billing): _____

Drivers License Number: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Home Number: _____ Work Number: _____

Email: _____

Emergency Contact: _____ Phone: _____

Co-Applicant's Name: (If Applicable) _____

Drivers License Number: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Contact Number: _____ Work Number: _____

Email: _____

The information above is true and correct to the best of my knowledge. I hereby request that you furnish designated service at the above address. I agree to pay for this service, plus penalties for late payments and/or disconnections as provided by regulations.

Applicant Signature

Co-Applicant Signature

BUSINESS INFORMATION

Business/Landlord Name: _____ Fed ID #: _____

Service Address (to connect): _____

Mailing Address (for billing): _____

Activation Fee to be kept on file, not refunded. YES NO Contact Number: _____

The information above is true and correct to the best of my knowledge. I hereby request that you furnish designated service at the above address. I agree to pay for this service, plus penalties for late payments and/or disconnections as provided by regulations.

Business Representative Signature

Landlord Signature

OFFICE USE ONLY

Account #: _____ Proof of Ownership/Lease Agreement Verified/Scanned

Deposit Refund Date: _____ Check #: _____ Amount: _____

Forwarding Address: _____