



Town of Surf City

Water / Sewer Application ~ Change Form

Applicant Name: _____
(As name appears on Driver License)

Surf City Address: _____

Mailing Address: _____

Phone: _____ Phone 2: _____

Email: _____ Effective Date: _____

Service Requested: _____ Water _____ Sewer _____ Garbage (this service is automatically charged to all accounts)

_____ **New Owner** _____ **Owner** _____ **Tenant** _____ **Disconnect**

Rental Agency: _____

Agency Contact: _____

Agency Phone: _____

Services will be connected when completed application and deposit has been received.

Guarantee Deposit will be refunded after the final bill has been paid and account has zero balance.

Mail Deposits payable to: Town of Surf City Utilities, PO Box 2475, Surf City, NC 28445

Applicant Signature: _____ Date: _____

Check appropriate Deposit.

_____ \$150 Deposit (Pender County)

_____ \$100 Deposit (Onslow County)

_____ \$ 50 Deposit (Irrigation)

_____ \$ 200 Deposit (Commercial)

Office Use Only _____ New Account #

_____ Date Paid

_____ Date Paid

_____ Date Paid

_____ Date Paid

Received By: _____

Confidential Information

The following information is for collection purposes only.
Services will not be denied for not providing information

Printed Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

Drivers License: _____ State _____ Number

Office Use Only

Owner Information

Owner Name: _____ Account #: _____

Mailing Address: _____

Previous Account Holder Information

Name: _____

Account #: _____ Effective Date: _____

Mailing Address: _____

Phone: _____

Final Read: _____ Read Date: _____

Service Address: _____

Meter #: _____ Route #: _____ Sequence #: _____