

Town of Atlantic Beach Water Department

PO Box 1094 * Atlantic Beach, NC 28512 * (252) 726-1366 * Fax (252) 726-7603

Application for Water and Trash Service *Applying in Person*

*****If Mailing or Faxing – Please complete the Application Addendum Form*****

The name on the application can only be in one person's name. If this is a business you must put in the business name, in care of the owners' name.

Residential _____ Business _____

Name of Applicant _____
Last Name First Name Middle Initial

Service Address _____

Billing Address _____

Home Phone _____ Work _____ Cell _____

Check One: Owner _____ Second Home/Permanent Residence/Using as Rental Property
Circle One Please

Renter _____ Landlord _____

Driver's License Number (Required) _____

Social Security Number (Required) _____

Employed By: _____

Email Address: _____

Type of Service:

_____ Single Residence _____ Restaurant -- Seating Capacity _____

_____ Motel # of Units _____ Multiple Housing with # _____ Units

_____ Other (Explain) _____

Application Fees:

Tap Fee \$ _____ Name Change Only _____

Impact Fee \$ _____ Explain Why:

Deposit \$ _____

Bore/Cut \$ _____

I hereby apply for water service for the above property. Enclosed is a total application fee of \$ _____ for the meter. I agree to all of the terms and conditions as set forth in the TOWN OF ATLANTIC BEACH WATER POLICY as adopted by the Town Council of Atlantic Beach, NC. I further agree to comply with all such provisions to the same extent as if those conditions were written in this application.

Signature of Applicant _____ Effective Date _____

Make Check Payable to: Town of Atlantic Beach

For Office Use Only: Rt/Seq _____ Account# _____