

TOWN OF ATLANTIC BEACH
PO BOX 1094
ATLANTIC BEACH, NC 28512
252-726-1366
Fax 252-726-7603

****MAIL/FAX IN APPLICATION ADDENDUM****

APPLICANT'S NAME(S) _____

OWNER: _____ RENTER: _____

LAST 4 DIGITS SOCIAL SECURITY # (S) XXX-XX-_____

DRIVERS LICENSE # (S) _____ STATE _____

SERVICE ADDRESS:

BILLING ADDRESS:

TELEPHONE # _____

DEPOSIT \$50.00

*** Date service is to begin: _____

APPLICANT'S SIGNATURE: _____

STATE _____ COUNTY _____

That _____ personally appeared before me
this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____,

(Official Seal)

Notary Public

My commission expires _____,

IT IS THE RESPONSIBILITY OF THE APPLICANT TO BE CERTAIN THAT THIS
NOTARIZED DOCUMENT AND ITS PAYMENT ARE DELIVERED TO OUR OFFICE
PRIOR TO THE TIME WATER IS NEEDED AT THE RESIDENCE.