

## Application for Utility Service - Water, Sewer, Refuse, & Stormwater

## **Town of Carolina Beach**

## 1121 Lake Park Blvd N Carolina Beach, NC 28428

Phone: 910-458-2983 Email: info@carolinabeach.org

## All Documents are required before account can be established:

- Copy of recorded Deed, Closing Disclosure, or Lease/Rental Agreement
- Proof of Identification (Example: Photo ID)
- Signed and completed application

\*Social Security Number\_\_\_\_\_

- For renters a deposit and set up fee must be paid via cashier's check or money order
- For owner's there is a \$55 set up fee that will be added to the first bill.

| Service Start Date:   |             |             |  |  |
|---|-------------|-------------|--|--|
| Service Address:  |             |             |  |  |
| Please initial by the following questions that apply to you:  |             |             |  |  |
| Are you the new owner or tenant? Owner  | _Tenant     |             |  |  |
| Is this a Residential property or Commercial Property?  | Residential | Commercial  |  |  |
| Is this property your primary full-time residence?  | Yes No      |             |  |  |
| If you are an owner is this a seasonal rental property? _   | Yes No      |             |  |  |
| Billing Information   |             |             |  |  |
| Carolina Beach would be unable to perform a utility credit<br>deposit. The Identity Theft Protection Act mandates all me<br>to set up services to prevent identity theft. | -           |             |  |  |
| Primary Account Holder Name   |             | <del></del> |  |  |
| Mailing Address   |             |             |  |  |
| Primary Phone Number  |             |             |  |  |
| Secondary Phone Number  |             |             |  |  |
| Email Address:  |             |             |  |  |
| *Driver's License Number  | *State      |             |  |  |

| Secondary Account Holder Name  |   |                                       |
|--|---|---------------------------------------|
| Primary Phone Number   |   |                                       |
| Secondary Phone Number   |   |                                       |
| Email Address:   |   | -                                     |
| *Driver's License Number   | *State  |                                       |
| *Social Security Number  |   |                                       |
| Commercial Properties:   |   |                                       |
| Name of Business:  |   |                                       |
| Tax Identification Number  |   |                                       |
| DBA:   |   | _                                     |
|  |   |                                       |
| Please Read, Sign, And Date Below:   |   |                                       |
| that I am responsible for all charges at the above-mentioned at that I no longer rent or own the said address. If I am an owner a understand that once the tenant gives notice to the Town of Cawill be reinstated into my name. I understand that there is a bawater is turned off or has no usage as outlined in the rates and | and I have a tenant at my property that so<br>arolina Beach that the tenant has moved<br>ase rate for water, sewer, refuse, and sto | ets up service, I<br>out, the account |
| Primary Signature  | Da  | te                                    |
| Secondary Signature  | Da  | te                                    |
| For Office Information Only New Accour   | nt Number:  |                                       |
| Credit %:  | \$55.00 Set Up Fee =  | _                                     |