TOWN OF TOPSAIL BEACH Application for Water & Garbage Service

EFFECTIVE DATE:						
NAME:						_
SERVICE ADDRESS:						
BILLING ADDRESS:						_
DRIVERS LICENSE #:	STATE:					
PHONE NUMBER(S):						
DAY TIME # :	LOCAL #:		CELL #:			
E-MAIL ADDRESS						_
WOULD YOU LIKE YOUR EM	IAIL/PHONE # ADDED	TO THE MAY	OR'S MESSA	GE?	Yes	No
IS THIS PROPERTY YOUR PR	IMARY FULL TIME RI	ESIDENCE:	Yes	No	(check one)	
IS THIS SEASONAL RENTAL	PROPERTY: Yes	No	COMMERC	CIAL:	Yes	No
ARE YOU THE NEW OWNER	OR TENANT: Own	ner Te	nant			
Residential I	FEES TO BE PAID Deposit \$100.00, Tenant Do				\$300.00	
TAP FEE: 1" METER - \$1000 SYSTEM DEVELOPMENT 1		US 25%				
(Please read and initial)						
I understand charge f Property owner shall be charged a the town clerk's office.						
Water service line to way at which point the Town will i responsibility of the customer. All No other source of water shall be c	install a curb stop, meter an customers are responsible	nd meter box. Al	ll piping from tl	he meter	to the buildin	g will be the
Property Owner/Agent/Renter						
Return to: Topsail Be	each Town Hall * 8		son Blvd *	Topsa	il Beach*	NC * 28445
FOR OFFICE USE ONLY	<u> </u>	<i>o</i> topsanioca	cmic.guv			
ACCOUNT #	ROUTE/S	EQUENCE			-	
DEPOSIT		DATE				
METER #	ERT #				Date	
CART#						