## 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 SE		XXX-XX	
DRIVERS LICENSE # (S)			
SERVICE ADDRESS:		BILLING ADDR	<del></del>
TELEPHONE #			
DEPOSIT \$50.00			
*** Date service is to begin:			_
APPLICANT'S SIGNATUR	E:		
STATE	COUNTY		
That this day and acknowledged th		personally appof the foregoing instr	
Witness my hand and official	seal, this the	day of	<b>,</b>
(Official Seal)			
		Notary Pu	blic
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.