

Town of Atlantic Beach Water Department

PO Box 1094 \* Atlantic Beach, NC 28512 \* (252) 726-1366 \* Fax (252) 726-7603 \*  
email: waterbilling@atlanticbeach-nc.com

Application for Water and Trash Service \*Applying in Person\*

\*If submitting by mail, email, or fax – the Application Addendum Form is required\*

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# \_\_\_\_\_