

Water & Trash Department
P. O. Box 1094
125 West Fort Macon Road
Atlantic Beach, NC 28512



Phone: (252) 726-1366
Fax: (252) 726-7603
waterbilling@atlanticbeach-nc.com

MAIL IN APPLICATION ADDENDUM

Applicant's Name _____

Service Address _____

WATER/TRASH USER'S AGREEMENT

The applicant hereby agrees to purchase from the Town of Atlantic Beach water in accordance with the provisions of the by-laws and regulations of the Town of Atlantic Beach; subject to the policies and rates established by the Town of Atlantic Beach.

Applicant's Signature _____

State _____ County _____

_____ 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 _____

This addendum is required to be submitted with all applications that have not been delivered in person to Town Hall. Utility account will not be setup until all required paperwork and payments have been received.