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

Application for Water & Trash Service

If not applying in person, submit Mail in Application Addendum

Name of Applicant Last Name First Name Mic	
Last Name First Name Mic	
Last value 1 list value 11.	ddle Initial
Service Address	
Billing Address	
Home Phone Cell Email	
Driver's License (Required) State	
Social Security Number (Required)	
The Town collects your social security number for the following purposes: clarification of accounts; custom verification for customer billing and payment, collections, submissions of unclaimed property to the State a necessary to conduct Town business. This information will not be used for any other purposes.	Ť
Employer Work Phone	
Own Rent If Renting, Landlord's Name:Phone	
Type of Service:	
Single Residence Restaurant with Seats	S
Motel with # of Units Multiple Housing with	
I hereby apply for water service for the above property. I agree to all of the terms and conditions a OF ATLANTIC BEACH WATER POLICY as adopted by the Town Council of Atlantic Beach, No comply with all such provisions to the same extent as if those conditions were written in this application.	NC. I further agree to
Signature of ApplicantEffective Date _	
Make Check Payable to: Town of Atlantic Bea	
*To set up monthly Bank Draft, submit Bank Draft Authorization Form with	
For Office Use Only Application Fees: **Rt/Seq Account# Application Fees:	
Tap Fee \$ Name Change Only	
Capacity Use Fee \$ Explain Why:	_
Deposit \$	
Dcposit ψ	