

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

Residential _____ Business _____

Name of Applicant _____

Last Name

First Name

Middle 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; customer identification and verification for customer billing and payment, collections, submissions of unclaimed property to the State and other lawful purposes necessary to conduct Town business. This information will not be used for any other purposes.

Employer _____ Work Phone _____

Own _____ Rent _____

If Renting, Landlord's Name: _____ Phone _____

Type of Service:

_____ Single Residence

_____ Restaurant with _____ Seats

_____ Motel with _____ # of Units

_____ Multiple Housing with _____ # of Units

I hereby apply for water service for the above property. 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

****To set up monthly Bank Draft, submit Bank Draft Authorization Form with Application****

For Office Use Only

Rt/Seq _____ Account# _____

Application Fees:

Tap Fee \$ _____

Capacity Use Fee \$ _____

Deposit \$ _____

Bore/Cut \$ _____

Name Change Only _____

Explain Why: