



TOWN OF CAROLINA BEACH
 1121 NORTH LAKE PARK BLVD.
 CAROLINA BEACH, N. C. 28428
 Billing Department (910) 458-2983



WATER SEWER AND/OR REFUSE DEPOSIT APPLICATION

PREVIOUS ADDRESS: _____

SOCIAL SECURITY#: _____ DATE TO BEGIN SERVICE: _____

SECTION #1 OWNER INFORMATION TO BE COMPLETED BY BUYER OR RENTER OF PROPERTY

STREET ADDR FOR REQUESTED SERVICE: _____

PROPERTY OWNER'S NAME & MAILING ADDRESS: _____

_____ PHONE#: _____

SPOUSE (OR ADDITIONAL PROP. OWNER) NAME _____

SECTION #2: RENTER INFORMATION TO BE COMPLETED BY RENTER OF THE PROPERTY

STREET ADDRESS FOR REQUESTED SERVICE: _____

LEASING AGENT NAME: _____ DATE TO BEGIN SERVICE: _____

DURATION OF LEASE: _____ PHONE#: _____

NAME AS IT SHOULD APPEAR ON BILL: _____ SPOUSE'S NAME: _____

MAILING ADDR FOR BILLS: _____

SECTION #3 BUSINESSES ONLY: IS THIS: SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

NAMES & ADDRESSES OF ALL PARTNERS: _____

PARTNERS' MAILING ADDRESSES: _____
 (USE BACK OF PAPER IF NECESSARY)

NAME & ADDRESS OF LOCAL MANAGING AGENT: _____

IF NOT A NORTH CAROLINA CORPORATION, IS THIS CORPORATION AUTHORIZED TO DO BUSINESS IN NORTH CAROLINA? _____

FOR ALL APPLICANTS:

EMPLOYER NAME: _____ PHONE # _____

MAILING ADDRESS: _____

LIST 3 FRIENDS OR RELATIVES (DO NOT HAVE TO LIVE IN CAROLINA BEACH)

1. NAME: _____ RELATIONSHIP _____
 MAILING ADDR: _____ PHONE# _____
2. NAME: _____ RELATIONSHIP _____
 MAILING ADDR: _____ PHONE# _____
3. NAME: _____ RELATIONSHIP _____
 MAILING ADDR: _____ PHONE# _____

 SIGNATURE DATE

Application is not complete without Social Security Number and References