



APPLICATION FOR WATER/SEWER SERVICES

Service Address:	
Monitored Alarm System? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Responsible Party Mailing Address:	
Responsible Party: (Full Name)	
Responsible Party Contact Information:	(Home):
	(Work):
	(Mobile):
	(E-Mail):
<small>*Indicate Connect-CTY Preferred Contact Method (max. of 3)*</small>	
Responsible Party Place of Employment:	
Responsible Party SSN:	
Responsible Party Driver's License Number/ State:	
Responsible Party Date of Birth:	
If responsible party has had service in their name, a previous name and/ or at a previous address in the Town limits; please indicate.	(Name):
	(Address):
Property Owner Name:	
Property Owner Address:	
Property Owner Telephone:	
Service Start Date:	
<i>The Town of Cramerton offers Automatic Draft service to our utility customers. To take advantage of this service please attach a blank, voided check to your application.</i>	

I certify that the information provided is accurate to the best of my knowledge and I understand that providing false or misleading information to obtain services and/or violation(s) of the Town of Cramerton Code of Ordinances concerning water/sewer provisions could result in termination of my account and or civil penalties.

Signature of Responsible Party: _____

Date Information Provided: _____