



Nash County Public Utilities Water/Sewer Service Application Form

E-mail: Utilities@nashcountync.gov
 120 West Washington St, Suite 2004
 Nashville, NC 27856
 252-462-2436 (O) 252-462-2438 (F)

Name _____			<u>Male/Female</u>
First	Middle	Last	
_____ () _____		_____-_____-_____ Social Security Number	
Primary Phone# _____			
_____ Driver's License # / State		_____ Date of Birth	
_____ Spouse's Name (if applicable)		_____-_____-_____ Spouse's Social Security Number	
_____ Driver's License # / State		_____ Date of Birth	

Include a copy of your driver's license or photo ID

SECTION A

_____-_____-_____ Alternate Phone#		Date to turn on services _____	
_____ Service Address			
_____ City		_____ State	_____ Zip
_____ Billing Address (if different from Service Address)			
_____ Email Address (Used when our Code Red Emergency Alert System is needed)			
Own: _____		or Rent: _____ (Requires copy of lease agreement)	

TURN PAGE OVER TO SIGN

Nash County is an Equal Opportunity Provider and Employer.

Deposit Requirements

A utility deposit may be required:

- **Residential** deposits are **credit history based**** and range from \$0 to \$100 **per service**, plus a \$20.00 application fee.
- **Commercial** deposits are \$50.00 minimum **per service**, plus a \$20.00 application fee.

**Credit check to obtain credit rating to determine deposit requirement per fee schedule

I, the undersigned, hereby make application for water, and where available, sewer service and certify that all the above information is correct. I agree to abide by all rules and regulations of the Nash County Public Utilities Department. I understand and agree to pay all charges billed on each monthly statement. I understand water/sewer payments are due by the 15th of the month and accounts not paid in full by the 25th of the month are subject to disconnection according to the notice printed on my monthly statement.

My signature also gives Nash County Public Utilities my permission to obtain my credit risk through Online Utility Exchange Credit Service to determine my deposit requirement for the above address.

Signature

Printed Name

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Effective 9/14/12
Updated 8/21/20

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