

WATER SERVICE APPLICATION

Please fill out & return

Required Deposit: \$100.00 Residential (\$150.00 Commercial)

Acct # _____

Deposit Paid _____

TOWN OF TRYON

301 N. TRADE ST.

TRYON, NORTH CAROLINA 28782

(828) 859-6654 • FAX (828) 859-6653

APPLICANT'S NAME	LAST	FIRST	MIDDLE	BIRTH DATE
SPOUSE'S NAME OR NAME OF BUSINESS				
SERVICE ADDRESS	STREET		CITY	ZIP
MAILING ADDRESS	STREET		CITY	ZIP
HOME PHONE		CELL PHONE		
E-MAIL ADDRESS				

<input type="checkbox"/> OWN	LANDLORD/MORTGAGE HOLDER	LANDLORD'S TELEPHONE
<input type="checkbox"/> RENT		

HAVE YOU HAD SERVICE WITH US BEFORE?	IF SO, WHEN?	WHERE?
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		

PRESENT EMPLOYER	EMPLOYER ADDRESS	WORK TELEPHONE	LENGTH OF EMPLOYMENT
SPOUSE'S EMPLOYER	EMPLOYER ADDRESS	WORK TELEPHONE	

NAMES OF OTHER ADULTS LIVING AT THIS ADDRESS		
EMERGENCY CONTACT PERSON AND TELEPHONE #		
PREVIOUS CUSTOMER NAME IF KNOWN	IS THE WATER ON?	EFFECTIVE DATE
	<input type="checkbox"/> YES	
	<input type="checkbox"/> NO	

APPLICANT'S NAME _____

SOCIAL SECURITY NUMBER: _____

SPOUSE SOC SECURITY NO: _____

**JUSTIFICATION FOR COLLECTION OF SOCIAL SECURITY NUMBER
ON UTILITY AND TAXPAYER FORMS**

The Town of Tryon is authorized by North Carolina General Statutes Chapter 105A to collect social security number information from customers to assist in settlement of unpaid balances for services. Use of this information may include but is not limited to use for accurate individual identification, for asset attachment and garnishment as set forth in North Carolina General Statutes Section 105-368 and for debt set-off as set forth in North Carolina General Statutes Section 105A-3. As required by North Carolina General Statute 132-1.8, this information will not be made available to the general public and will be protected according to state guidelines. In accordance with the 2001 North Carolina Privacy Act, disclosure of the requested information is voluntary.

I warrant that the above information furnished for the purpose of obtaining utilities service is true and complete. I also agree to receive and pay for said service in accordance with the applicable rate schedules and service regulations of the Town of Tryon. When you provide us with a wireless telephone number or land line number, you are giving us and our agents your prior express consent to call that number.

SIGNATURE _____ DATE _____

This form must be submitted in person or by mail. If submitting this form by mail, please enclose check or money order for required deposit of \$100 for residential service or \$150 for commercial service.