



# TOWN OF MONTREAT

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## WATER SERVICE APPLICATION – NEW CUSTOMER

Date of Application: \_\_\_\_\_ Date Service to Begin: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Account Holder: \_\_\_\_\_  
(Primary) (Secondary)

Employer: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Rental Agent: \_\_\_\_\_

Rental Agent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_ Agent's E-mail: \_\_\_\_\_

I hereby certify that the above is a true statement.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Water Tap/Meter Set Fee(s): \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Route #: \_\_\_\_\_ Sequence #: \_\_\_\_\_ Account #: \_\_\_\_\_

Meter #: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Line Size: \_\_\_\_\_

Water Rate: \_\_\_\_\_ Sewer Rate: \_\_\_\_\_ Category: \_\_\_\_\_

Input ICS:  Input Address List:  Sunshine List?  Yes  No