



TOWN OF MONTREAT

P. O. Box 423
Montreat, NC 28757
Tel: (828)669-8002 Fax: (828)669-3810
www.townofmontreat.org

WATER SERVICE TRANSFER APPLICATION – PROPERTY OWNER

Date of Application: _____ Requested Transfer Date: _____

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: _____

Former Tenant: _____

Former Tenant Mailing Address: _____

City: _____ State: _____ ZIP: _____

Tenant's Phone: _____ Tenant's E-mail: _____

I hereby certify that the above is a true statement.

Customer Signature: _____ Date: _____

FOR OFFICE USE ONLY

Service Transfer Fee: **\$25.00** Date Paid: _____

Route #: _____ Sequence #: _____ Line Size: _____

Meter #: _____ Meter Reading: _____ Date Read: _____

Old Account #: _____ New Account #: _____

Water Rate: _____ Sewer Rate: _____ Category: _____

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