

**SAMPSON COUNTY PUBLIC WORKS
APPLICATION FOR WATER SERVICES**

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

Form Must Be Completed in Full Before Service Is Made Available /Two I.D. Are Required.

| CHECK ONLY FOR NEW TAP SERVICE | |
|--|---|
| SERVICE SIZE: <input type="checkbox"/> 3/4" \$900 <input type="checkbox"/> 1" \$1,000 <input type="checkbox"/> 2" Cost of Const. | PURPOSE: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Irrigation <input type="checkbox"/> Other |

Service Address: _____

For Existing Service: Owner Renter (Copy of lease required) \$50 Application Fee

If renter, please list property owner & phone no. _____

Applicant Email Address: _____

| APPLICANT | | CO-APPLICANT | |
|--------------------------------------|---------------|--------------------------------------|----------------|
| Name (First, Last) | | Name (First, Last) | |
| Mail address | | | |
| SSN # or TIN: | Mobile phone# | SSN # or TIN | Mobile phone # |
| DL # and State | Date of Birth | DL # and State | Date of Birth |
| Employer Name/Address | | Employer Name/Address | |
| Name of nearest relative and phone # | | Name of nearest relative and phone # | |

County Government policy prohibits discrimination based on Race, Sex, Color, Creed, National Origin, Age or Handicap. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Sex: _____ **Race:** _____ **Handicap:** _____

If yes, explain: _____

I, the undersigned, do agree to abide by the rules and regulations of Sampson County Public Works. I understand that I will be responsible for the water service at the above service address, that I will pay when due, based on the number of gallons used plus any base fee. I understand that I am to notify Public Works the day of departure from the residence to allow for final meter reading and billing if renting this property. I further understand that my failure to do so, may result in additional billing and cost to me. I agree to notify Public Works of my forwarding address upon disconnection. **Property owners will be responsible for a monthly bill regardless of whether water is being used, until the property is sold or rented. Make sure all valves & faucets are turned off before requesting water service.** The information filled out on this form is true and completed to the best of my knowledge.

SIGNATURE: _____ **Date** _____