

office use:

Date Entered:	First Bill Date:
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## Town of Oakboro - Water/Sewer/Garbage Service Application

Name:	FIRST	MIDDLE	LAST
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Own <input type="checkbox"/> Rent <input type="checkbox"/> (If renting, who is landlord? _____)	SSN:	Phone:
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SERVICE ADDRESS FOR WATER TO BE PROVIDED:	MOVE IN DATE
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MAILING ADDRESS:	CITY	STATE	ZIP
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Email Address
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WOULD YOU LIKE FOR YOUR WATER BILL TO BE DRAFTED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please fill out back
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### FEES - DUE PRIOR TO CONNECTION OF SERVICE

Water Conneciton Fee: \$30      Rental Deposit (if applicable): \$120

### SIGNATURES

Disclaimer: I understand that payment of the monthly utility bill with the Town of Oakboro is my sole responsibility while I am a tenant/resident of the above referenced property. All payments must be made by the 10th of each month. Late fees accrue on the 15th. It is my responsibility to contact Town Hall once I vacate the premieses. The utility deposit (if applicable) may be applied toward the outstanding balance owed on my account. If the deposit isn't sufficient to cover the balance, then it is my responsibility to pay the remaining balance in full. If the deposit is in excess of the balance owed, the Town of Oakboro will refund the overpayment if a forwarding address is provided. If no deposit was required, then I am responsible for the entire balance upon closing of my account. I understand that my social security number is requested for debt collection purposes.

Customer	Date
Town Employee	Date

### Town Use Only

Fees Paid: \$	Date Fees Paid:	Date Deposit Entered into FMS:
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New Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Services	Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> Irrigation <input type="checkbox"/>
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Inside Town Limits	Yes <input type="checkbox"/> No <input type="checkbox"/>	Meter Reading:	Date:
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Former Occupant Information:
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office use:

Date Entered:	<input type="checkbox"/> Selected Email Bill
	<input type="checkbox"/> Selected Email
	<input type="checkbox"/> Selected Draft YN
	<input type="checkbox"/> Selected Draft Bank

**Town of Oakboro**

**Utility Biling - Automatic Bank Draft Form**

*If you wish to begin this process & change your payment to draft, please fill out the required information below & return to Town Hall.*

*Your beginning draft date will depend on the date this form is received . Please also included a voided check attached to this form if possible.*

**Account type:**  Checking  Savings

**Bank:**

**Routing Number:**

**Account Number:**

**Please check one:**

- I wish to continue receiving my monthly bill.
- I do not need a monthly bill mailed & will use my bank statement as my record.
- I would like to receive an email of my bill providing my gallons used & amount due.

My email address is: \_\_\_\_\_

Name on Water/Sewer Account:

Service Address

Phone Number

By signing below, I give the Town of Oakboro permission to draft from my specified bank account the monthly bill for utility services for the Town. The draft date will be on the 10th of each month. If the 10th falls on a weekend or bank holiday, the draft will be the Monday or day after. I have attached a voided check if I have one from the account to be drafted.

Signature of Account Holder: