



**RESIDENTIAL WATER/SEWER SERVICE APPLICATION**

CITY OF ARCHDALE  
307 BALFOUR DRIVE  
P.O. BOX 14068  
ARCHDALE, NORTH CAROLINA 27263  
PHONE: (336) 434-7341 FAX: (336) 431-2130

**PLEASE PRINT CLEARLY**

**\*APPLICANTS MUST APPLY IN PERSON & PRESENT GOVERNMENT ID**

**FLAT SEWER SERVICE MUST BE IN OWNERS NAME**

**\*A CREDIT REPORT WILL BE PERFORMED TO DETERMINE AMOUNT OF DEPOSIT REQUIRED**

**A \$25.00 service fee will be added to the first bill**

DATE SERVICE REQUESTED: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

LAST NAME FIRST MIDDLE \*SS# DRIVER'S LIC# STATE

SECOND

APPLICANT: \_\_\_\_\_

LAST NAME FIRST MIDDLE \*SS# DRIVER'S LIC# STATE

**If there are more than one applicate, both applicants' names must be on the lease or purchase agreements.**

***\*Pursuant to G.S. 105 A-3(c) and G.S. 143-64.60(b), disclosure of a social security number is voluntary and could be used for fraud prevention and collection purposes thru the North Carolina Local Government Debt Setoff Clearing House. Personal information collected by the City of Archdale will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information be shared, sold or otherwise made available for public inspection. There is an additional utility deposit required from applicants that choose not to provide a social security number or Tax ID number.***

SERVICE ADDRESS: \_\_\_\_\_

***(Customers who live outside City limits will pay double rates. Please ask if you are unsure.)***

MAILING ADDRESS: \_\_\_\_\_

***(If different from above)***

HOME PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CELL PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HAVE YOU EVER HAD SERVICE WITH THE CITY OF ARCHDALE AT ANOTHER RESIDENCE? YES \_\_\_\_\_ NO \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

NAME AND PHONE NUMBER OF NEAREST FRIEND OR RELATIVE \_\_\_\_\_

FRIEND \_\_\_\_\_ RELATIVE \_\_\_\_\_

DO YOU OWN YOUR OWN HOME?  YES  NO \_\_\_\_\_ NUMBER IN HOUSEHOLD: \_\_\_\_\_

MORTGAGE COMPANY/LANDLORD: \_\_\_\_\_

***(Offer to purchase form/lease agreement form required)***

PLEASE INDICATE:    \_\_\_\_ Residential                  \_\_\_\_ Apartment/Condo/Townhome  
                                  Single Family                                  Multi-Family Residential

WOULD YOU LIKE THIS ACCOUNT SET UP ON AUTOMATIC BANK DRAFT?    YES \_\_\_\_\_    NO\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK PHONE NUMBER:(\_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

CO APPLICANT EMPLOYER: \_\_\_\_\_

CO APPLICANT WORK PHONE NUMBER: (\_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

***Service can be refused for prior utility delinquencies.***

***We understand that we are responsible for all bills and services provided to this address, which may include water, sewer, trash, recycle, and storm water.***

***If there is a deposit on the account when services are disconnected it will be applied to the final bill and remaining deposit will be refunded to the account holder at the last known address, provided the refund amount exceeds \$3.00.***

***Customers will be held responsible for damage to city property; cost of repairs may be deducted from deposit.***

***Trash & recycle carts must remain at this location, if removed you may be charged \$75.00 per cart, on final bill.***

***Our signature verifies that we have received copies of rate fees and Payment & Collection Policy. Code of Ordinance can be found on our web-site at [www.archdale-nc.gov](http://www.archdale-nc.gov) (these are subject to change at any time, we understand that we will be held accountable to these new changes).***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

- \*Your signature authorizes a credit report to be accessed***
- \*Deposits do not pay interest***