

Rt/Seq _____ Deposit Paid: Ck# _____ Cash _____ Credit _____

TOWN OF ELON

Phone: 336-584-0282

Email: elonwater@elon.gov

Fax: 336-584-5334

Water & Sewer Service Application

Turn On Service Date: _____

A/C #: _____

W/O#: _____

Applicant's Name: _____
(First) (MI) (Last)

Service Address: _____

Billing Address: _____

Deposit (Students use Campus Box or Parents Mailing Address) (City) (State) (Zip Code)
() Renter \$125.00 () Mobile Home \$125.00 () Homeowner – N/A () Property Mgmt Firm

Have you ever had prior water service with the Town of Elon? () YES () NO

If "**yes**" please advise service location address: _____

Landlord's Name		Landlord's Address	
_____		_____	
_____		_____	
City	State	Zip Code	Phone Number

Applicant's E-Mail: _____

Applicant's Driver's License Number: _____ State: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Place of Employment: _____

Applicant's Work Phone Number: () _____

Applicant's Contact Phone Number: () _____

All Students - Please list your parent's name, address & phone number:

Name		Address	
_____		_____	
_____		_____	
City	State	Zip Code	
()-_____ - _____		_____	
Phone Number		Date Received	

All of the above information is correct as stated: _____

Signature of applicant

Rev 5/2017

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

***Please fill out PDF, Save to your computer, then attach and email to: elonwater@elon.gov**