



Town of Surf City

Water / Sewer Application ~ Change Form

Applicant Name: _____
(As name appears on Driver License)

Surf City Address: _____

Mailing Address: _____

Phone: _____

Phone 2: _____

Email: _____

Effective Date: _____

Service Requested: Water Sewer Garbage (this service is automatically charged to all accounts)
 New Owner **Owner** **Tenant** **Disconnect**

Rental Agency: _____

Agency Contact: _____

Agency Phone: _____

Services will be connected when completed application and deposit has been received.

Guarantee Deposit will be refunded after the final bill has been paid and account has zero balance.

Applications can be sent to the following:

Emailed to: utilities@surfcitync.gov

Faxed to: (910) 328-4132

Mailed to: Town of Surf City Utilities

PO Box 2475, Surf City, NC 28445

Applicant Signature: _____ Date: _____

Check appropriate Deposit.

\$ 150 Deposit (Pender County)

\$ 50 Deposit (Irrigation)

\$ 200 Deposit (Commercial)

\$ 50 Garbage Only

Office Use Only _____ **Date Paid**

_____ Account #

_____ Account #

_____ Account #

_____ Account #

Received By: _____

Please complete Page 2

Confidential Information

*** DO NOT SEND SOCIAL SECURITY NUMBER BY EMAIL ***

The following information is for collection purposes only.
Services will not be denied for not providing information

Printed Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License: _____ State _____ Number

The Federal Government requires us to collect the following demographic information:

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	
Race:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Office Use Only

Owner Information

Owner Name: _____ Account #: _____

Mailing Address: _____

Previous Account Holder Information

Name: _____

Account #: _____ Effective Date: _____

Mailing Address: _____

Phone: _____

Final Read: _____ Read Date: _____

Service Address: _____

Meter #: _____ Route #: _____ Sequence #: _____