

NORTHAMPTON COUNTY PUBLIC WORKS
9371 N. C. Highway 305
P.O. Box 68
Jackson, NC 27845
Office: 252-534-6341 Fax: 252-534-1525

Book: _____
Sequence: _____
Account # _____

OWNER: Water \$50.00 Water & Sewer \$100.00 **RENTAL:** Water \$150.00 Water & Sewer \$300.00

APPLICATION FOR WATER SERVICE

In applying for water service you agree to abide by the Rules and Regulations of the Northampton County water system including restrictions, if any, on outdoor water usage, as well as rates and fees set by the Board of Commissioners. By initialing below I am acknowledging that I have been given a copy of the Northampton County Rules and Regulations to read and abide by the same;

Water bills are due upon receipt. Balances remaining after 4:45 pm on the due date will be assessed a penalty of 10%. Service is subject to disconnection (interruption of service) at any time after the 20th of the month for non-payments. There will be a service fee of \$25.00 for the first offense and a \$50.00 fee for each offense thereafter. Services will be reinstated only after bills are paid in full.

It is the customer's responsibility to maintain all plumbing from the meter into and throughout the structure per building code requirements. Northampton County Public Works reserves the right to inspect plumbing and discontinue service where plumbing is not maintained or is not in compliance with the NC State Building Code – Volume 11, Plumbing or the Rules and Regulations set forth by Northampton County Public Works.

Read & Initial _____

Please **PRINT** and complete **ALL** items:

RESPONSIBLE PARTY

Name: _____

Driver's Lic/ID # _____

SSN: _____

Telephone – Home/Cell - _____

Telephone – Work - _____

Email Address: _____

PROPERTY ADDRESS

911 Address: _____

City/St/Zip: _____

Subdivision: _____ Lot # _____

Type of Service: Residential Commercial Other

Effective Date: _____

(Billing begins as of the Effective Date)

Leave Meter On Leave Meter unlocked but off

METER INSTRUCTIONS (Please check one):

MAILING/BILLING ADDRESS OF RESPONSIBLE PARTY

Name: _____

Street/PO Box: _____

City: _____

State: _____ Zip: _____

Directions/Comments: _____

IS THIS A RENTAL PROPERTY YES NO

Owners Name: _____

Street/PO Box : _____

City: _____

State: _____ Zip: _____

Owner's Telephone #: _____

Directions/Comments: _____

Have you had an account with us before? No Yes If YES, Previous Address: _____

Signature of Responsible Party: _____ **Date:** _____

Office Use Only:

Fees:	() Security Deposit	\$ _____	Check Number	_____
	() Impact Fee	\$ _____	Effective Date	_____
	() Tap Fee	\$ _____	Date Paid	_____
	() Service Fee(s)	\$ _____	Rec'd By	_____

WATER SERVICE APPLICATION CONTINUED

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Book: _____
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Account # _____

Name: _____

Billing Address: _____

Northampton County Public Works has one billing date and one due date:

<u>Bill Date</u>	<u>Due Date</u>
Last day of each month	By the 14 th of each month

Read & initial by each:

- _____ I acknowledge that I have been advised of my due date of the 14th of each month
- _____ I acknowledge that Northampton County Public Works receives a Post Office receipt guaranteeing the number of bills mailed and mail date of the bills
- _____ I acknowledge that although Northampton County Public Works can guarantee that the bills were delivered to the Post Office for mailing, Northampton County Public Works cannot guarantee proper mail delivery by the U.S. Postal Service
- _____ I acknowledge I am still responsible to pay my bill by 4:45pm on the due date even if my bill was not delivered to me by the U.S. Postal Service
- _____ I acknowledge that if payment is not received by 4:45pm on the 14th of the month or post-marked by the 14th of the month, my account will be charged a 10% late fee; and such fee cannot be removed
- _____ I acknowledge that my water service may be discontinued/interrupted at any time after the 20th of the month for non-payments and all fees must be paid by 3:00pm to to be reconnected on the same day
- _____ I acknowledge that if the water meter is removed because of non-payment, or tampering with, a service fee of \$50.00 will be assessed in addition to other fees.
- _____ I acknowledge that I have been given the opportunity to become a bank draft customer and have denied this service.

Customer's Signature

Date

"This institution is an equal opportunity provider and employer"