

Town of Saratoga Utilities
P. O. Box 206
Saratoga, NC 27873
(252) 238-3487 Fax: (252) 238-3489

APPLICATION FOR WATER AND/OR SEWER SERVICE

Name of Applicant _____
Last Name First Name Middle Initial

Co-Applicant _____
Last Name First Name Middle Initial

Service Address _____

Billing Address _____

Phone # _____

Check One: **OWNER** _____ **RENTER** _____

Applicant:

Drivers License # _____ State of Issue _____ Social Sec # _____

Co-Applicant:

Drivers License # _____ State of Issue _____ Social Sec # _____

Applicant Employer _____
 Address _____ Phone _____

Co-Applicant Employer _____
 Address _____ Phone _____

Type of Service: _____ **Residential** _____ **Non-Residential**

Application Fees: Tap Size _____

Water Deposit \$ _____

Water Tap Fee \$ _____

Sewer Tap Fee \$ _____

Garbage Bin \$ _____

Other \$ _____

TOTAL FEES \$ _____

Garbage Bin # S 1511 _____

Recycle Bin # S 1511 _____

Receipt # _____

I hereby make application for water and/or sewer to be supplied/connected at the address above described, and hereby agree to all terms set forth in the Town of Saratoga Water & Sewer Policy and Rate Schedule as now existing or as may hereafter be modified. I further agree to comply with all provisions & Town of Saratoga Ordinances to the same extent as if those conditions were written at length in this application. I understand that, should it be necessary for the Town of Saratoga to turn my account over for collection, I will be responsible for any and all court costs and fees, which are incurred pertaining to my account(s).

 Applicant Signature Date

 Co-Applicant Signature Date

Date Connected _____ Account # _____
Meter Reading _____

New Customer Checklist of things that have to be done:

___ Deposit Card ___ RVS Software ___ Water Deposit Log ___ Address Acct. Receipt Log ___ Excel Water Program