



**TOWN OF CARTHAGE  
WATER SERVICE  
APPLICATION**

4396 US 15-501 Hwy

Carthage, NC 28327

910-947-2331 Fax 910-947-3079

[www.townofcarthage.org](http://www.townofcarthage.org)

Email to - [doltharp.admin@townofcarthage.org](mailto:doltharp.admin@townofcarthage.org); [dvdutton.admin@townofcarthage.org](mailto:dvdutton.admin@townofcarthage.org)

**FOR OFFICE USE ONLY**

Account #:

Please print clearly:

Please include a copy of your driver's license or photo ID.

Customer name:	Service start date:
Home phone #:	Cell phone #:
Service address:	Owner: _____ Tenant: _____
Property owner name:	Owner phone #:
Billing address:	City/State/Zip:
Driver license #:	State license issued:
Employer:	Work phone #:
Email address:	Email bill instead of paper: Yes _____ No _____
* Social Security number:	** Race: _____ ** Latino: _____ ** Non-Latino: _____

Leaks occurring on the customer's side of meter (including rental customers) will be your responsibility to pay.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Turn on Date:	Deposit Required: Yes _____ No _____
Received by:	Deposit Amount:

\* Providing this number is voluntary. G.S. 105A-3(c) authorizes the Town of Carthage to obtain a Social Security number from any person for whom the town provides any service and whom the town can foresee may become a debtor. This number will be used only if necessary in the collection of any debt owed to the Town of Carthage.

\*\* Providing this information is voluntary.

This institution is an equal opportunity provider and employer.