Town of Parkton
28 West David Parnell St.
P.O. Box 55
Parkton, NC 28371
910-858-3360
910-858-9808 (fax)

Acct#_____

Seq#_____

Meter#_____

Reading_____

Contract for Water, Sewer, & Garbage Services Account

Date: _____ Service Address: _____

Name of Account Holder 1): _____
First Middle Last

SSN: _____ Date of Birth: _____

EMAIL: _____

Name of Account Holder 2): _____
First Middle Last

SSN: _____ Date of Birth: _____

EMAIL: _____

Note: Disclosure of your social security number is voluntary. The Town of Parkton is authorized to request this number under NC General Statutes 143-64-60(b) and 132-1-10(b) and (c). A social security number will be used only for collection of debts owed to the Town and for credit check(s). The failure to provide a social security number will result in a higher deposit as the cost of collecting a delinquent account is higher if the social security number is not readily available. The last four digits of the social security number may be used to verify identity before disclosing account information.

When you provide us with a wireless telephone number or land line number you are giving us your prior express consent to call that number.

Mailing Address: _____

_____
City State Zip

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Previous Address: _____

_____
City State Zip

Revised January 2021

Employer_____Phone_____

Emergency Contact_____ Phone_____

Customer is ____Owner ____Tenant ____R/E Agent ____Other

Property Owner Name_____

Property Owner Address_____

I, the undersigned applicant, hereby apply for water and/ or sewer service from the Town of Parkton, request that an account be established in my name and agree to comply with all Town rules, regulations, and ordinances (a copy of Town rules, regulations and ordinances is available for inspection at Town Hall during business hours). I agree to pay for all services in accordance with the Schedule of Fees and Charges as amended from time to time. I understand that if I do not pay my bills on time, I may be subject to late fees, interest penalties and termination of service. I understand that tampering with the water and sewer system and/or receiving service without paying for it is a crime. I understand that I may not contract with any person or business to perform service(s) on the Town's utility system and that any costs associated with such a contract will be my responsibility to pay.

I understand that the Town of Parkton has the right to furnish utility services only to persons with good credit and who are not currently delinquent on public utility service payments due to the Town. I understand that the Town of Parkton reserves the right to turn over delinquent accounts to a collection agency and that any charges associated with collection may be added to my account. I also understand that my deposit is a non-interest bearing account.

_____ _____
Account Holder Signature Print Name

_____ _____
Account Holder Signature Print Name

FOR OFFICE USE ONLY
_____Residential _____Non-Residential(business)
Deposit Amount _____ Connection Fees _____ Extra Fees_____
Total Fees _____ Date Paid _____ Received by_____ _____

Revised January 2021