

Caldwell County Water Department  
 1385 Fairview Dr.  
 Lenoir, NC 28645



Caldwell County  
 NORTH CAROLINA  
 Water Department

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[water@caldwellcountync.org](mailto:water@caldwellcountync.org)

email to:

## APPLICATION FOR UTILITY SERVICES

**FEES FOR APPLICATIONS CAN ONLY BE MADE IN THE FORM OF CASH OR CHECK**

Application Type:  New Application  Temporary Service (10 days or less)

Applicant Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_  
First Middle Last

Authorized Contact Name(s): \_\_\_\_\_  
Full name required (First, Middle, Last)

Mailing Address: \_\_\_\_\_  
Street Address

Service Address: \_\_\_\_\_  
Town, State, Zip Code  
 (if different from above)

Primary Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security/ Federal ID #: \_\_\_\_\_ License/ID State & #: \_\_\_\_\_

(Copy Onto Back of Application)

Account Type:  Single Family Residential  Multi Family Residential  Business  
 Industrial  Institutional  Irrigation

Are you a: <input type="checkbox"/> Tenant - provide rental agreement <input type="checkbox"/> Owner- provide deed or closing statement	Owner: _____ Contact: _____ Address: _____  Phone: _____
<i>If you are the tenant, please list the name of the owner/ property management company and their contact information</i>	

I hereby make application for utility services at the location referenced above. I agree to notify the County of any changes in ownership or tenancy and will be responsible for the minimum monthly fees and consumption charges billed for water and/or sewer usage until service in my name has been terminated. I have also been provided a copy of the utility policies and/or been directed where they have been posted for review and agree to comply with all applicable ordinances and policies. I acknowledge that I am aware that the meter and the meter box are the county property and have to be easily accessed by county staff at all times. The meter and meter box can not and will not be covered in any landscaping at the above referenced location. I further acknowledge that the County will refuse to furnish new service to an applicant who is indebted to the County for service previously furnished by County or if any member of the household has an outstanding account with the County. I hereby certify that the above information is true to the best of my knowledge and if any information is determined to be inaccurate services may be terminated without further notice. Disclosure of your social security number is voluntary and will be used to facilitate credit reports and collection of water and sewer debt owed to the county in the event it is not paid voluntarily. Providing your social security number will also allow the county to claim payment on any unpaid bill through the NC Debt Setoff Program and other collection methods necessary to satisfy unpaid debts. Election not to provide a valid social security number may subject the customer to a higher deposit.

**SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_**

**- OFFICE USE ONLY -**

Account Set Up			WORK ORDER NOTES	
Account No.	_____	Transfer Fee Collected (Date/Initials) _____	SIF <input type="checkbox"/> SCAN <input type="checkbox"/> LKSC <input type="checkbox"/> PROR <input type="checkbox"/>	Work Order # _____
In Date	_____	Bill Transfer Fee <input type="checkbox"/> No <input type="checkbox"/> Yes		Meter # _____
In Reading	_____	Deposit Paid (Date/Initials) _____		Completed By Date: _____ / ____ / ____
Begin Billing Date	____ / ____ / ____	Deposit Req'd <input type="checkbox"/> No <input type="checkbox"/> Yes		Competed By: _____
Draft Payment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Tax Staff Initials: _____		Entered FMS _____ / ____ / ____
Inherited Property	<input type="checkbox"/> No <input type="checkbox"/> Yes		By: _____	
Lenoir Office	<input type="checkbox"/>			
Granite Falls Office	<input type="checkbox"/>			