

# APPLICATION FOR WATER SERVICE

## **Water Department Use Only**

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

Deposit: \_\_\_\_\_

Conn Fee: \_\_\_\_\_

Impact Fee: \_\_\_\_\_

EAP Fee: \_\_\_\_\_

Rect. #: \_\_\_\_\_

Meter #: \_\_\_\_\_

ID #: \_\_\_\_\_

Account #: \_\_\_\_\_

Installed: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name of Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Water Service: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block#: \_\_\_\_\_

Type of Occupancy:  Residence  Motel (\_\_\_\_ Units)  Apartments (\_\_\_\_ Units)  
 Restaurant (Seating Capacity \_\_\_\_\_)  Other

**SIZE METER REQUESTED \_\_\_\_\_”**

I hereby apply for water service for the above designated property. Enclosed is a total application fee of \$ \_\_\_\_\_ for the meter size indicated above. I understand and agree to abide by the water rate and rules and regulations as adopted by the Dare County Board of Commissioners. I also understand that the County is not obligated to provide the service requested.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

## **Field Crew Use Only**

Meter # before is: \_\_\_\_\_ Meter Location: \_\_\_\_\_

NOTE: Please print this form out, complete and mail original to: Dare County Water Department, 600 Mustian Street, Kill Devil Hills, NC 27948. If you have any questions about completing this form, please call us at (888) 998-9283 or (252) 475-5990. Thank you.