

Brunswick County Public Utilities Department

P.O. Box469
Bolivia, NC 28422

APPLICATION FOR SERVICE

Section A - Please Complete All Information

| | |
|---------------------------------------|-------------------------|
| Street Number & Name (Meter Location) | Lot Number |
| Subdivision Name | Tax ID or Parcel Number |

Lot Vacant? Yes _____ No _____
Non-Residential? Yes _____ No _____
Tenant? Yes _____ No _____ Date of Transfer _____
Builder? Yes _____ No _____
Owner? Yes _____ No _____ Date of Purchase _____

| | |
|---|--|
| Billing Address: Name _____ Address _____ Apt _____ City _____ State _____ Zip _____ | Contact Information: Work _____ Home _____ Cell _____ Owner phone(if Tenant) _____ Additional Authorized Contact Name: _____ Cell _____ |
|---|--|

Date of Birth _____
Email _____
Last 4 digits of SS# _____ This is requested for billing and collection purposes
Driver's License Number _____ State Issued _____

I/We verify that the information provided is accurate. Further, I/We acknowledge receipt of the Brunswick County Utility Billing and Collections Customer Guidelines.

Printed Name

Printed Name

Signature

Signature

Section B - For Office Use Only

| | |
|----------------------|-----------------------|
| Account Number _____ | Customer Number _____ |
|----------------------|-----------------------|