

Town of Morehead City  
Service Application

Last Name	First	Middle	Employer
Service Address			Home Phone
Mailing Address (if different from Service Address above)			Cell Phone

\*Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_

*\*Disclosure of your social security number is voluntary. The Town of Morehead City is authorized to request this number under N.C.G.S. 143-64-60 (b) and 132-1-10 (b and c). Social security numbers are used only for the collection of debts owed to the Town. The last four digits of the social security will be used to verify identity of the account holder prior to disclosing any account information.*

Applicant Signature	Applicant Printed Name	Date
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Service Start Date _____	Route/Seq _____	W/O Generated? Yes	No	Notes _____
Customer Service Rep _____				

Service Agreement: I hereby apply for water, sewer, and solid waste (utility) service to be established in my name at the address described. I agree to pay for this service in accordance with the rates, rules, regulations and ordinances of the Town of Morehead City which can be viewed on the Town's website. I agree to pay for all services in accordance with the Schedule of Fees as amended periodically. I understand that if my utility bills are not paid in accordance with the established rates, rules, regulations and ordinances I will be subject to late fees, interest penalties, disconnection fees, any other applicable fees and termination of service. I understand that tampering with the water/sewer system or receiving service without paying for it is a crime. I understand that I may not contract with any person or business to perform services on the City's utility system and that any costs associated with such contract will be my responsibility to pay. The required deposit is a non-interest bearing deposit and is applied to the account balance upon closure of the account and the service fee is a non-refundable fee for connection/disconnection to City services

(Applicant Initials)

Service Disconnection Request

Disconnect Date _____	W/O Generated? Yes	No	
Printed Name of Account Holder _____			
Signature of Account Holder _____			
Today's Date _____			
Forwarding Address _____			
_____			
_____			