

# EASTOVER SANITARY DISTRICT APPLICATION FOR WATER & SEWER SERVICE

**Make Checks or Money Order Payable to Eastover Sanitary District**

NEW SERVICE

TRANSFER

Date of Application: \_\_\_\_\_ Start Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

SS # \_\_\_\_\_ SS# \_\_\_\_\_

**Service Address:** \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Drivers License # \_\_\_\_\_ Cell Phone \_\_\_\_\_ RACE \_\_\_\_\_

Water Only \_\_\_\_\_

Residential

Water & Sewer \_\_\_\_\_

Commercial

Irrigation

*I hereby apply for service as checked above at the address shown and agree to abide by the rules and regulations governing such service.*

*\*Your Social Security Number is being requested for verification of your identity and may be used to collect any debt owed to the District. There is no statutory or other authority requiring you to give your Social Security number.*

**Signed:** \_\_\_\_\_  
Owner, Lessee\*, Authorized Agent

*\*Note: If this is a rental home, please list landlords name, address and phone number below. A copy of Lease Agreement is required to establish service:*

Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**THIS SECTION FOR USE BY EASTOVER SANITARY DISTRICT OFFICE**

**WORK ORDER ENTERED**

Customer's Application Fee: \_\_\_\_\_

Account No.: \_\_\_\_\_

Customer's Transfer Fee: \_\_\_\_\_

Water Tap Fee (if required): \_\_\_\_\_

Meter Number: \_\_\_\_\_

Sewer Tap Fee (if required) \_\_\_\_\_

Meter Reading: \_\_\_\_\_

IF TAP INSTALLED -DATE OF INSTALL \_\_\_\_\_

ERT Number: \_\_\_\_\_

Entered in FMS & Date \_\_\_\_\_

**3876 Dunn Road, Eastover, NC 28312 \* (910) 229-3716 phone \* (910) 229-3724 fax**  
**This institution is an equal opportunity provider**