

**APPLICATION FOR WATER AND SEWER SERVICES**

PROPERTY ADDRESS: \_\_\_\_\_

**OCCUPANT INFORMATION**

OCCUPANT NAME: \_\_\_\_\_

DRIVER'S LICENSE OR STATE ID: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CO-OCCUPANT INFORMATION**

CO-OCCUPANT NAME: \_\_\_\_\_

DRIVER'S LICENSE OR STATE ID: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NO. OF PERSONS IN YOUR HOUSEHOLD: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

ON WHAT DATE IS WATER/SEWER SERVICE TO BEGIN? \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN A CUSTOMER OF THE MATTHEWS WATER OR SEWER DEPARTMENT?

- YES                      IF YES, PLEASE INDICATE THE APPROXIMATE DATES OF SERVICE.
  - NO                         FROM \_\_\_\_\_ TO \_\_\_\_\_
- MONTH                      YEAR                      MONTH                      YEAR

**APPLICANT'S CERTIFICATION**

I certify that all information contained in this application for water/sewer services is true and accurate to the best of my knowledge and belief. I understand and acknowledge that the use of a fictitious name or the use of any inaccurate information on this form shall be grounds for the denial and/ or termination of utility service by the City of Matthews.

OCCUPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-OCCUPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* PLEASE SUBMIT A COPY OF DRIVERS LICENSE, POST OFFICE BOX, AND DEPOSIT WITH APPLICATION\*\***

**DEPOSIT REQUIREMENTS**

\$150.00

Please read and initial the following statements regarding past due amounts and disconnections:

\_\_\_\_\_ **PAST DUE AMOUNTS** are payable immediately to avoid disconnection of services.

\_\_\_\_\_ Payments for Current Balance are payable by the 10<sup>th</sup> of the month.

\_\_\_\_\_ **FULL** payments must be received by the close of business on the last day of each month to avoid disconnection.

\_\_\_\_\_ **DISCONNECTION NOTICES WILL BE SENT OUT.**

\_\_\_\_\_ **ADDITIONAL SERVICE FEES:** \$20.00 Dis/Reconnect Fee 8:00-4:00 pm

\_\_\_\_\_ **DEPOSITS:** Any deposit on file with the City Water Department will transfer to the new address, if moving within the city limits of Matthews, otherwise the deposit will be applied to the final bill and any refund (if any) will be mailed to the forwarding address provided when the service account is closed.

OCCUPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-OCCUPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Copy of Driver's License      \_\_\_\_\_ Deposit Paid

Previous unpaid balance?      YES      NO      If yes, was balance paid? \_\_\_\_\_