

TOWN OF MCADENVILLE
PO Box 9
McAdenville, NC 28101
704-824-3190

PICTURE ID IS REQUIRED FOR
VERIFICATION.

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

SOCIAL SECURITY: _____ *Can be used for refunds and/or
collections

PICTURE ID/ DL: _____

WATER DEPOSIT: \$50.00 CASH, CHECK, OR MONEY ORDER IS ACCEPTED
SEWER DEPOSIT: \$50.00

*ALL APPLICABLE DEPOSITS MUST BE PAID BEFORE SERVICES WILL BE TURNED ON

IF RENTAL PROPERTY, PLEASE COMPLETE LANDLORD INFORMATION BELOW:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

DATE DEPOSIT PAID: _____ \$ _____

DATE WATER CUT ON: _____

SERVICES: _____ WATER _____ SEWER