TOWN OF MCADENVILLE PO Box 9

McAdenville, NC 28101

704-824-3190

Application for Water/Sewer Service

Name:				
Service Address:				
Mailing Address:				
City/State/Zip:				
E-mail:				
Telephone: (H)		(W)		(C)
Social Security:				PICTURE ID IS REQUIRED
Picture ID/DL:				FOR VERIFICATION.
Water Deposit: \$60.00 Sewer Deposit: \$60.00	Cash, Check	κ, or Credit Ca	ords Accepted	
*All applicable deposits n ** Deposit will be refunde	•			
If rental property, please	complete landl	ord informati	ion below:	
Name:				
Address:				
City/State/Zip:				
Telephone:				
FOR OFFICIAL USE ONLY				
Date deposit paid:		Cash, Check	k, or Credit Card	ds \$
Date water cut on:				
Services:	Water		Sev	wer