

**FIRST CRAVEN SANITARY DISTRICT
APPLICATION FOR WATER SERVICE AND AGREEMENT**

APPLICATION DATE _____ DATE REQUEST FOR SERVICE _____

CUSTOMER NAME: LAST _____ FIRST _____ MI _____

CUSTOMER SSN# _____ DATE OF BIRTH _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMPLOYER: _____ PHONE #: _____

EMPLOYER'S ADDRESS: _____

ADDITIONAL INFORMATION

ARE YOU THE PROPERTY(LAND) OWNER? YES _____ NO _____

IF NO, NAME AND ADDRESS OF OWNER: _____

APPLICATION FEE: 25.00 (NON-REFUNDABLE) DEPOSIT ON RENTAL 75.00

You will be required to pay the minimum amount each month on property where meters remain unlocked even though no water is used.

Agreement: By applying for service and/or utilizing water of First Craven Sanitary District ("Sanitary District") the customer agrees to abide by the Rules and Regulations and all ordinances of the Sanitary District. Copies of which can be reviewed at the office of the Sanitary District. The customer is responsible for the proper installation and maintenance of the service line from the meter to the point of discharge. The cross connection of any private water source with the water system of the district is strictly prohibited. Water furnished for a given lot or service location can be used for that lot only. Each unit shall have its own meter, master meters are not allowed. In-ground irrigation systems installed after July 1, 2009 require a separate metered service. The customer shall not sell water to anyone.

All account balances are due and payable upon receipt of the monthly bill. Second notices are not required to be issued and service is subject to suspension for non-payment of bills or the violation of any rules and regulations of the Sanitary District. In the event of a termination of service a reconnect fee will be charge before service is reinstated. By signing this application the customer grants to the district access to the premises at the service address designated above for the purpose of installing and removing district property, reading or testing meters or for any other purpose in connection with the Sanitary Districts services and further grants and conveys an easement and right of way across the property to the extent necessary to enable the Sanitary District to furnish water service .

Signature of Customer

Date: _____

For use by First Craven Sanitary District

Classification: Residential / Commercial

Meter Size: 3/4 inch 1 inch Other: _____

Ownership of Property: Owner / Non-Owner

Tap Fee \$ _____ Paid / Unpaid

Application Fee \$ _____ Paid / Unpaid

Deposit \$ _____ Paid / Unpaid

First Craven Sanitary District

PO Box 608

Bridgeton, NC 28519

(252)633-6500

Employee Initials _____