

**APPLICATION FOR
WATER AND SEWER SERVICE
Town of Burnsville
PO Box 97
Burnsville NC 28714
(828) 682-2420 Fax (828) 682-7757**

CONFIDENTIAL UTILITY ACCOUNT INFORMATION

BILLING INFORMATION:

Application Date: _____ Effective Date of Service: _____

Applicant's Name: _____

Address: _____

City : _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Current Property Owner's Name (Required): _____

Address (Required): _____

City (Required) : _____ State: _____ Zip Code: _____

Home Phone (Required): _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Optional Name (If needed): _____

Address: _____

City : _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

SERVICE INFORMATION:

Service Address: _____

911 Address: _____

PREVIOUS OWNER INFORMATION:

Name: _____

Acct #: _____ Meter #: _____

TYPE OF SERVICE:

____ Water.....Meter Size (Circle One) ¾ in / 1 in / 2 in / Other _____

____ Sewer.....Sewer Size (Circle One) 4 in / 6 in / 8 in / Other _____

____ Residential/Single Family

____ Residential/Multi-Family ____ # of Units

____ Commercial(State Type) _____

____ Industrial(State Type) _____

____ Institutional(State Type) _____

____ Other(State Type) _____

SPECIAL CONDITIONS:

Inside Town _____ Outside Town _____

Meter Size (Circle One) ¾ in / 1 in / 2 in / Other _____

Fire Sprinkler Line Required: Yes ___ No ___ Size _____

Sewer Size (Circle One) 4 in / 6 in / 8 in / Other _____

Is a line extension required? Yes ___ No ___

Grit/grease Removal Required: Yes ___ No ___

Industrial Pretreatment Required: Yes ___ No ___

Other _____

Comments _____

Applicant/Owner Signature _____ Date: _____