

Application for Water & Sewer Service

Town of Gibsonville 129 West Main Street Gibsonville, NC 27249 Phone (336)449-4144 Fax (336)449-4196

Please complete and email application to: water@gibsonville.net

Applicant's Name	First	Middle	Last	
Service Address				
Mailing Address				
Social Security#		Driver's License	<u>State</u>	
Requested START Se	ervice Date		_	
Do you Own or	Rent L	andlords name & phone		
		THERE is a Renters Deposit of	\$100.00	
Home Phone		Cell Phone		
Employer Name & wo	rk phone			
Have you had water ser	vice with the T	own of Gibsonville before? YESN	IOAddress	
I hereby	certify that a	ll of the information that I have p	rovided above is true and accurate.	
Applicant Signature			Date	
to ensure proper ide	ntification in t wise made avo	he pursuit ofdelinquent charges. In	ed by the Town of Gibsonville will only be used n no case will the information provided be sclosure of an applicant's social security	
We would be happy email address and v			Town. Please provide a phone number or	
Phone		call or text (circle one)Email	·	
Office Use Only				
Data Pagaiyad		Doymont Doggiyad V	N Clarke Initials	