



WARREN COUNTY PUBLIC UTILITIES
712 Highway 158 Business West
Warrenton, NC 27589
Office: 252-257-3645 Fax: 252-257-3979

Book: _____
Sequence: _____
Account # _____

Water \$125.00 Water & Sewer \$150.00
Non-refundable Activation Fee \$25.00

APPLICATION FOR WATER SERVICE

Please allow up 24 to 48 hours for connection of water service

In applying for water service you agree to abide by the Rules and Regulations of the Warren County water system including restrictions, if any, on outdoor water usage, as well as rates and fees set by the Board of Commissioners. By initialing below I am acknowledging that I have been given a copy of the Warren County Rules and Regulations to read and abide by the same; and acknowledge that I have completed the Water Service Application Addendum.

Water bills are due upon receipt. Balances remaining after 4:30 pm on the due date will be assessed a penalty of \$25.00. Service is subject to disconnection (interruption of service) within 24 hours after the due date without further notice. Service will be reinstated within 24 hours of full payment of account balance including any additional fees.

It is the customer's responsibility to maintain all plumbing from the meter into and throughout the structure per building code requirements. Warren County Public Utilities reserves the right to inspect plumbing and discontinue service where plumbing is not maintained or is not in compliance with the NC State Building Code – Volume 11, Plumbing or the Rules and Regulations set forth by Warren County Public Utilities.

Read & Initial _____

Please **PRINT** and complete **ALL** items:

RESPONSIBLE PARTY

PROPERTY ADDRESS

Name: _____

911 Address: _____

Driver's Lic/ID # _____

City/St/Zip: _____

SSN: _____

Subdivision: _____ Lot # _____

Providing your SS# is voluntary and may be used to collect a debt. If you choose not to provide your SS# you will incur a \$250.00 Security Deposit

Telephone – Home/Cell - _____

Type of Service: Residential Commercial Other

Telephone – Work - _____

Effective Date: _____

Email Address: _____

(Billing begins as of the Effective Date)

METER INSTRUCTIONS (Please check one):

Leave Meter On Leave Meter unlocked but off

MAILING ADDRESS OF RESPONSIBLE PARTY

IS THIS A RENTAL PROPERTY YES NO

Name: _____

Owners Name: _____

Street/PO Box: _____

Street/PO Box : _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Owner's Telephone #: _____

Directions/Comments: _____

We reserve the right to collect any past due balances due to Warren County Public Utilities.

Have you had an account with us before? No Yes If YES, Previous Address: _____

Signature of Responsible Party: _____ Date _____

Office Use Only:

Fees:	() Security Deposit	\$ _____	Check Number	_____
	() Activation Fee	\$ _____	Effective Date	_____
	() Tap Fee	\$ _____	Date Paid	_____
	() Service Fee	\$ _____	Rec'd By	_____



WATER SERVICE APPLICATION ADDENDUM

WARREN COUNTY PUBLIC UTILITIES
P.O. Box 577
712 US Hwy. 158 Bus. West
Warrenton, NC 27589
Office: 252-257-3645 Fax: 252-257-3979

Book: _____
Sequence # _____
Account # _____

Name: _____

Billing Address: _____

Warren County Public Utilities has three billing dates and **three last day to pay dates** as noted below:
(Call our office for your due date).

Bill Date	Last Day to Pay
10 th of the month	5 th of the following month
15 th of the month	10 th of the following month
20 th of the month	15 th of the following month

Read & initial by each:

_____ I acknowledge that I have been advised that **payment is due upon receipt of bill but my last day to pay is _____**
(write in last day to pay)

_____ I acknowledge that Warren County Public Utilities receives a Post Office receipt guaranteeing the number of bills mailed and mail date of the bills

_____ I acknowledge that although Warren County Public Utilities can guarantee that the bills were delivered to the Post Office for mailing, Warren County Public Utilities cannot guarantee proper mail delivery by the U.S. Postal Service

_____ I acknowledge I am still responsible to pay my bill by 4:30pm on the due date even if my bill was not delivered to me by the U.S. Postal Service

_____ I acknowledge that if payment is not received by 4:30pm on the due date, my account will be charged a \$25.00 late fee; and such fee cannot be removed

_____ I acknowledge that I have been given the opportunity to become a bank draft customer and have denied this service.

_____ Customer's Signature

_____ Date

"This institution is an equal opportunity provider and employer"