

**Town of Spruce Pine  
P.O. Box 189  
Spruce Pine, NC 28777**

**(828) 765-3000**

**(828) 765-3014 Fax**

**REQUEST FOR WATER AND/OR SEWER SERVICE**

Today's Date \_\_\_\_\_ Move In Date \_\_\_\_\_

Name \_\_\_\_\_

Address of New Service \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier\* \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver License \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Email address \_\_\_\_\_

*Please answer the following questions:*

- Have you ever had water or sewer service with the Town of Spruce Pine? **YES NO**  
If yes, please list approximate dates and or locations:

\_\_\_\_\_

- Have you ever used another name other than the one on this application? **YES NO**  
If yes, please list names used:

\_\_\_\_\_

I agree to comply with all policies as they relate to my account with the Town of Spruce Pine. I do also agree to pay in full all charges incurred on this account. Policies available upon request.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\*You are not required to give a Social Security Number to obtain service. If you choose to give your Social Security Number, it may be used to collect any unpaid debts owed to the Town.

\*Carrier required in order to receive text alerts