

**TOWN OF MARSHALL
STATE OF NORTH CAROLINA**

APPLICATION FOR WATER (AND OR) SEWER SERVICE

NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK/CELL _____

SS#/TAXPAYER ID# _____

I understand bills for water and or sewer are due when rendered and are delinquent after twenty-five (25) days. In the event the bill for water and or sewer service is not paid in twenty-five (25) days after it was rendered, delinquent notices will be mailed to the consumer, and if not paid within twenty-five (25) days after date of mailing, water and or sewer service will be disconnected.

I agree to the following conditions for receiving sewer service from the Town of Marshall:

I understand that the Town of Marshall Sewer system is to be used only for this disposal of human excrement and accompanying tissue designed and marketed to be flushed in the consumer's toilet and enter the Town Sewer System.

I agree not to flush items such as paper towels, diapers, sanitary products, newspapers and grease. When cooking fats, oils and grease are poured down the drain, they tend to collect and stick to household plumbing and sewer lines. Over time blockages occurs which leads to sewer backups, sometimes causing sewage to overflow from plumbing fixtures or sewer system manholes.

All industrial facilities, day care centers, nursing homes, assisted living facilities, family care homes, rest home, preschool centers, and any other facility which uses a large quantity of diapers agree to install a screen between the facility and the Town Sewer main as a condition of receiving service.

SIGNATURE

DATE

NOTE TO LANDLORD

IS THIS A RENTAL _____

IF SO, SIGNATURE OF LANDLORD IS REQUIRED

NOTE TO LANDLORD

Service will not be connected to any rental property that has an outstanding balance until the balance is paid in full.

SIGNATURE OF LANDLORD

DATE

DEPOSIT AMOUNT: _____