

**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: _____

WATER & SEWER DEPOSITS

WATER RESIDENTIAL	120.00	SEWER RESIDENTIAL	80.00
WATER COMMERCIAL	500.00	SEWER COMMERCIAL	250.00

Deposits are due when service application is completed. Deposit will not be refunded as long as you reside at residence. Once you have put in a work order for disconnection and bill is paid in full, you will receive deposit back in full within 30 days.

Date: _____

Account #: _____

Name: _____

Phone #: _____

Water Deposit: _____

Sewer Deposit: _____

Total Deposit: _____

Check _____ Cash _____ Credit Card _____

Check # _____

Completed _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs)."

To file a complaint of discrimination, write to:

USDA, Assistant Secretary for Civil Rights Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S.W., Stop 9410 Washington, DC 20250-9410 Or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA