

## **TOWN OF RIVER BEND**

45 Shoreline Drive, River Bend, NC 28562-8970 Phone (252)638-3540 Fax (252)638-2580

> waterresources@riverbendnc.org www.riverbendnc.org

## **SERVICE APPLICATION FOR TENANT**

<u>Customer Information</u> :		Service Start Date:
Services Address:		
Customer Name:		
<b>Note</b> : Disclosure of your social security number	of debts owed to the Town. Election no	ollect this information because we are extending credit ot to provide a valid social security number will subject t
		or email address you would like the Town to
Home	Work	Cell
•	ding wireless telephone numbers, which any e-mail address you provide to us. N	
Billing Information: Address:		
Manager/Landlord:		
Name:		
Address:		
responsible for all charges pertaining I hereby certify that the above inform Policy Manual pertaining to the Water	to the account.  mation is true to the best of my	Water Resources account. The customer y knowledge. I have received a copy of the two also received a copy of the rates currently
effect.		
Signature	Danasit Amaurt	Date
Service Request #		
Customer #	Comments	