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

Customer Information: _____ **Service Start Date**: _____

Services Address: _____

Customer Name: _____

Customer SSN: _____ Date of Birth: _____ Verified ☐

Note: Disclosure of your social security number is voluntary. We are authorized to collect this information because we are extending credit for service and it will only be used for collection of debts owed to the Town. Election not to provide a valid social security number will subject the customer to a higher deposit.

Customer Driver's License _____ Verified ☐

Contact Information: Please indicate the contact number(s) and/or email address you would like the Town to use:

Home _____ Work _____ Cell _____

Email Address _____

You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Billing Information:
Address:

_____

Manager/Landlord Name:

_____

Address:

_____

All information above must be complete in order to establish a Water Resources account. The customer is responsible for all charges pertaining to the account.

I hereby certify that the above information is true to the best of my knowledge. I have received a copy of the the Policy Manual pertaining to the Water Resources Department. I have also received a copy of the rates currently in effect.

_____ _____
Signature Date

Service Request # _____ Deposit Amount _____ Attach Receipt ☐

Customer # _____ Comments _____