TOWN OF FARMVILLE
New Water/Sewer Customer Form

Customer # _____ Location# _____ CIF # _____

Name: _____ DOB: _____

Driver's license # _____ SSN #: _____

Location address: _____

Mailing address: _____

Student's Home address: _____

Phone number: _____ Work number: _____

Email address: _____

Today's date: _____ **Cut on Date**: _____ Deposit Date: _____

Deposit Amounts: Residential _____ or _____ / Commercial _____ or _____

I certify that I am the **legal owner/renter/property manager** of the property located at_____. I acknowledge that I am legally responsible for the payment of this bill and agree that the statute of limitation shall not bar efforts to collect any balance here under.

Signature: _____ Date: _____

NAME OF LANDLORD: _____

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