

TOWN OF MADISON
120 NORTH MARKET STREET
MADISON, NC 27025
336-427-2271-office 336-427-2565-fax

PLEASE PRINT

Date: _____

Date for Water to be Turned On: _____ **NOTE: Same day service not guaranteed**

Customer Name: _____

Service Address: _____

Billing Address: _____

Property Owner's Name (if renting): _____

Phone Contact: Home: _____ Cell: _____ Work: _____

Employer: _____ Email address: _____

Driver's License #: _____ Social Security #: _____

Employer: _____

Garbage Service: Yes _____ No _____ If No, Reason Why _____

SERVICE WILL NOT BEGIN UNTIL REQUIRED SIGNATURE IS OBTAINED AND APPLICABLE FEE HAS BEEN PAID.

1. I accept full responsibility for payment of this service and my final bill.
2. If account is not paid by the due date, there will be a \$25.00 late fee added. If account is not paid before water disconnection date, there will be a \$50.00 reconnection fee added.
3. The bill plus fees must be paid before service is reinstated.
4. All requests for rechecks must be made in the office within 10 days after the billing date.
5. A \$30 fee will be assessed for each bad check processed by the Town.
6. Tampering with a water meter is a criminal offense.
7. Failure to receive a bill does not alter the above rules.
8. I understand that I continue to be responsible for water, sewer, and trash pick-up charges until I have terminated this service by completion of the Town's "final bill" process and payment of the balance owed.

I have read and understand my responsibilities as stated above:

Signature

Date

OFFICE USE ONLY

Reading _____
Serial No. _____
Route/Sequence _____
Acct. # _____

Circle one - New or Transfer
Deposit ___Y___ N; amount _____
Deposit Date Paid _____