Engelhard Sanitary District

Application for Service - One Per Each Location - Form Must Be Complete And Legible

***You Must Attach Copies of State Issued Identification***

***Return to Viola Williams (252-945-7195) or Tony Spencer (252-925-9281)***

Date: _____

Physical Address of Service: _____

Responsible Adult Party #1: _____

Social Security Number: (to be verified) _____

Spouse or Responsible Adult Party #2: _____

Social Security Number: (to be verified) _____

Mailing Address: _____

Mailing Address City / St / Zip: _____

Business Name (if applicable): _____

Billing Address (if different): _____

Telephone Numbers: _____

Email Address: _____

Payment Due: ( ) $100 Deposit ( ) $100 Reconnect Fee ( ) $490 Cutoff Valve Install

( ) Actual Hook Up Cost: _____ Other:_____

Sewer Rates (current): $45.00 Minimum / 3,000 Gallons, $5.00 / 1000 Gallons Over

I understand that I am assuming responsibility for paying all sewer service charges, deposits, disconnect installation valve charges and/or reconnect fees. I also understand that should I cause damage to Engelhard Sanitary District equipment (including improper items flushed / pump damage), I am solely responsible for all costs to repair. Also that my sewer service will be cut off if I become 60 days behind on any charges and that monthly service fees will continue to be assessed in perpetuity, regardless of use. All conditions apply to any and all of my accounts with the District as a collective. Accounts may not be placed in the names of other parties in order to avoid payment of services. The District may refuse service until all current and previous accounts are paid in full. I understand that all personal information provided may be used for bill collection as needed and that I am responsible for this account until I notify the District that I have moved from this property.

_____ _____

Signature Party #1 Signature Party #2

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Landlord (if applicable): _____

Landlord's Address: _____

Landlord's Telephone Numbers: _____

I, _____, the owner for said property described, request that billing of services for my property be assigned to the applicant(s) above. I understand that should the applicant become past due by 60 days, I will be notified and if they have not paid within 30 additional days, I agreed to reassume responsibility for sewer service payment with no liability for the preceding 90 days.

_____ _____

Signature of Landlord Title For Business Entities

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District Use Only: Date Approved: _____ ESD Acct / Hyde Tax Record Number: _____

Amount Paid:_____ Received By:_____