



**TOWN OF FOUR OAKS
INFORMATION SHEET FOR WATER/SEWER SERVICES**

Rental Agreement _____
Landlord Name: _____
Owner-Deed/Contract _____

DATE for TURN ON/ READ IN: _____
Phone#: _____
DATE for TURN OFF/ READ OUT: _____



Date: _____ **LOCATION/ ACCOUNT:** _____

NAME: _____ **PHONE#:** _____
First MI Last

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

DATE OF DEPOSIT: _____ AMOUNT OF DEPOSIT: **\$250.**



METER READ @ TURN ON/READ IN: _____

METER NAME/ NUMBER: _____ EMPLOYEE COMPLETING REQUEST: _____



METER READ @ TURN OFF/READ OUT: _____ EMPLOYEE COMPLETING REQUEST: _____

FORWARDING ADDRESS: _____



READ OUT/ FINAL BILL CALCULATIONS:

Meter Read @ Turn Off: _____ Amount of Last Bill: _____
Meter Read @ Last Bill: _____ Added Adjustment: _____
Additional Gallons Used: _____ Total Bill Due: _____

(+) gallons used on last bill: _____ = _____ total gallons Less Deposit: _____

Adjustment to Water: _____ **BALANCE:** _____ **Refund//Balance Due**
Adjustment to Sewer: _____
Adjustment to Garbage: _____

TOTAL: _____ **REFUND CHECK #:** _____ **DATE:** _____

Adjustment Calculations: _____ Deposit Amount Applied to Balance: _____

The Federal Government requires us to collect the following demographic information:

Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	

INFORMATION FOR DEBT COLLECTION PURPOSES ONLY

The Town of Four Oaks participates in the NC Local Government Debt Setoff Clearinghouse Program, which is a debt collection program available to municipalities for the purpose of collection unpaid utility bills. The Town of Four Oaks, per GS 132-1.10: GS143-64.60, and 5 USC 552a. is able to collect your Social Security Number with your consent for the sole purpose of collection any unpaid balances owed to the town upon termination of your service with the town's utility department.

The following information will be used ONLY in the case you terminate your service and there is an unpaid balance left on your account. If your account is closed and no balance is owed, the following information will be destroyed on site upon verification that all balances are paid. The following information is kept separate from your information sheet and is not available or accessible by the general public, nor will it be distributed to the general public.

DATE: _____

NAME OF APPLICANT: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

DEPOSIT PAID: **\$250** METHOD OF PAYMENT _____

SOCIAL SECURITY NUMBER: _____ VERIFIED _____

FEDERAL TAXPAYER ID: _____ VERIFIED _____

NCDL OR NCID: _____ VERIFIED _____

I verify the above information is correct and I understand it will only be used for collection purposes for debts owed to The Town of Four Oaks Utility Department.

Signed by Applicant: _____