

TOWN OF MARS HILL
STATE OF NORTH CAROLINA



APPLICATION FOR WATER/SEWER SERVICES

NAME _____

SERVICE ADDRESS _____

SERVICE DATE _____

BILLING ADDRESS _____

EMAIL ADDRESS _____

WOULD YOU PREFER A PAPERLESS BILL? YES ___ NO ___

SOCIAL SECURITY _____ DRIVERS LICENSE _____

PRIMARY PHONE _____ SECONDARY _____

I understand bills for water and/ or sewer services are due the 1st day of the month following the billing and are delinquent the next day. If service is disconnected for non-payment, account balance must be paid in full in addition to a \$50 reconnect fee before service will be reinstated.

I agree to the following conditions for receiving sewer service from the Town of Mars Hill:

I understand that the Town of Mars Hill Sewer system is to be used only for the disposal of human excrement and accompanying tissue designed and marketed to be flushed in the consumer's toilet and enter the town sewer system.

I agree not to flush items such as paper towels, diapers, sanitary products, newspapers and grease. When cooking fats, oils and grease are poured down the drain, they tend to collect and stick to household plumbing sewer lines. Over time blockages occurs which leads to sewer backups, sometimes causing sewage to overflow from plumbing fixtures or sewer system manholes.

All industrial facilities, day care centers, nursing homes, assisted living facilities, family care homes, preschool centers, and any other facility which use large a quantity of diapers do agree to install a screen between the facility and the town sewer main as a condition of receiving service.

Signature

Date

IS THIS A RENTAL _____

IF SO, SIGNATURE OF LANDLORD IS REQUIRED

Service will not be connected to any rental property that has an outstanding balance until the balance is paid in full.

SIGNATURE OF LANDLORD

Date

"Town of Mars Hill is an equal opportunity provider & employer"

For office use only: Meter # _____ Reading _____ Deposit \$ _____