

**WATER & SEWER SERVICE REQUESTS
TOWN OF CLEVELAND, NC**

\$150.00 DEPOSIT REQUIRED

Name

Service Address

Billing Address

Home or Cell Phone Number

***Social Security Number**

Employer's Name & Address

Employer's Telephone Number

Own or Rent

*Social Security Number will be used for collection purposes under the North Carolina Debt Set Off Program.

FOR OFFICE USE ONLY

Drivers License Number: _____ **State:** _____

Deposit Paid By: _____ **Date Deposit Paid:** _____

Trash Can Deposit Paid: Y N **Amount Paid:** _____ **Paid By:** _____

Date Water Turned On: _____ **Meter Reading:** _____

Date Service Discontinued: _____ **Meter Reading:** _____

Date Deposit Refunded: _____

Amount Refunded & Check Number: _____

Final Bill Address: _____

Trash Can Number: _____ **Tax Map Number:** _____ **Parcel Number:** _____