



**CITY OF HENDERSON  
WATER/SEWER /SANITATION  
RESIDENTIAL SERVICE APPLICATION**

Customer Name(s): \_\_\_\_\_

*(If you are renting, the name(s) must appear as it does on the lease)*

Name of other person(s) with authorization to handle business on this account: \_\_\_\_\_

Address of Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_

*(The Social Security number is collected from any person who may become a debtor for purposes of Setoff Debt Collection, G.S. § 105A-3(c). This information may be used for collection procedures. The disclosure of the social security number is not mandatory.)*

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Email Address: \_\_\_\_\_

Own \_\_\_ Lease \_\_\_ Landlord's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date for Service Connection to Begin: \_\_\_\_\_

Do you currently have water/sewer/sanitation service? Yes \_\_\_ No \_\_\_

If Yes, what is the address: \_\_\_\_\_

Date Requested for Disconnection of Service: \_\_\_\_\_

Have you and/or your spouse ever had utility service with the City of Henderson? Yes \_\_\_ No \_\_\_

Most Recent Address: \_\_\_\_\_ Dates Resided: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates Resided: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates Resided: \_\_\_\_\_

**Bank Draft:** The City of Henderson offers the convenience of having your water, sewer and sanitation bills drafted from your checking account. There is no charge for this service.

Do you prefer this option? Yes \_\_\_ No \_\_\_

**Equal Payment Plan:** The City of Henderson offers to qualified customers, the convenience of a budget, or equal payment plan, for your utility account. There is no charge for this service. Do you wish to participate in the equal payment plan program? Yes \_\_\_ No \_\_\_

I, the undersigned have completed this application, and to the best of my knowledge, all information is correct. I understand that the water, sewer and sanitation bills are due and payable 20 days from the billing date. I understand if the bills are not paid in full when due, it will result in termination of water/sewer service until all monies and penalties that are due are paid in full.

Sanitation fees will continue to be added to all occupied residences, even when water & sewer services have been disconnected due to non-payment. I further understand that it shall be unlawful to give false information or misrepresentation in making this application and if it is determined that false information has been given on this application, my services may be disconnected without further notice and could result in criminal proceedings.

I understand that in order to discontinue these services, I must complete a written request for termination of service and present my photographed identification card, valid driver's license, etc. Failure to present a written request for termination of services will result in the monthly accrual of water, sewer and sanitation services.

I agree to allow the City of Henderson to contact my landlord should my utility services be disconnected due to non-payment and/or voluntary closure of account and/or if I do not maintain regulation garbage containers.

Non-payment may be subject to a security deposit in order to restore service.

Signature \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



**FOR OFFICE USE ONLY:**

Deposit Required: YES or NO  
If YES, Deposit Amount: \_\_\_\_\_  
Transfer Acct # \_\_\_\_\_  
New Route/Sequence # \_\_\_\_\_  
Work Order # \_\_\_\_\_  
Entered by \_\_\_\_\_  
Date \_\_\_\_\_  
If transfer - Is account in good standing? Yes/No  
If new account - Are there any past due accounts on record? Yes/No

**SERVICES TO BE PROVIDED**

Water	Inside/Outside
Sprinkler (Lawn)	Yes/No
Hydrant	Yes/No
Sewer	Inside/Outside
Sanitation	Yes/No
Sr. Citizens Sanitation	Yes/No