



City of Locust

Post Office Box 190
Locust, North Carolina 28097-0190
(704) 888-5260

APPLICATION AND CONTRACT FOR SEWER SERVICES

Customer Name: _____

Service Address: _____

Billing Address: (if different from above): _____

Name of Property Owner: _____

Name of Renter (if applicable): _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Employer Name: _____

DL#: _____ SS #: _____

Occupancy Date: _____ Check if needed: Trash can _____ or

Recycle Bin _____ Email (for recycle updates) _____

Would you like to sign up for ACH Draft: Yes _____ No _____

Deposit: \$50 Pd via: Check # _____ Cash _____ Date Paid: _____

Subject to the Rules, Regulations and Policies governing the sewer system of the City of Locust, and all ordinances and laws pertaining thereto, now in force or which shall later become in force, the undersigned hereby makes application for sewer services for use at the service address listed above, and hereby contracts with the City of Locust and agrees to become responsible for and to make prompt payment of all sewer rents, charges and fees connected therewith. The undersigned assumes liability for all sewer rents at said premises by whomsoever incurred.

Customer Signature _____ Date _____

Receipt # _____ Date Entered _____ Entered By _____