City of Locust

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

BUSINESS SEWER APPLICATION

CONTACT PERSON INFORMATION:

Name of Business: _____

Owner of Business: _____

Physical Address: _____

Mailing Address: _____

Occupancy Date: _____

Contact Name: _____

Title: _____

Phone: _____ **Extension:** _____

Email: _____

PROPERTY OWNER OR PROPERTY MANAGER INFORMATION:

Name of Property Owner: _____

Phone of Property Owner: _____

Would you like to sign up for Automatic Bank Draft: Yes ___ No _____

Deposit: $150 Check # _____Cash ____ Waived ____

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 applications 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 whomever incurred.

Customer Signature _____

Title:

_____