

City of Locust

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

APPLICATION AND CONTRACT FOR SEWER SERVICES

Customer Name:_____

Home Phone:_____

Cell Phone:_____

Service Address:_____

Billing Address:_____

Name(s) of Renters on Lease (if applicable):_____

Name of Property Owner:_____

Employer Name & Phone Number: _____

Email Address:_____

Closing Date/Beginning Lease Date:_____

Check if Carts are needed: Trash_____Recycle:_____

Would you like to sign up for ACH (Automatic Bank Draft):_____

Deposit due: **$100** Cash_____Check_____ 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 whomever incurred.

Customer Signature_____Date_____

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For Office Use Only:

Receipt #_____Date Entered_____Entered By:_____

******Return completed form to mthomas@locustnc.gov ******