

GO PAPERLESS

EASTOVER SANITARY DISTRICT APPLICATION FOR UTILITY BILLS BY E-MAIL

CUSTOMER NAME _____

ADDRESS _____

ACCOUNT # _____ PHONE # _____

E-MAIL ADDRESS _____

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____

Please fill this application out accurately and return it to:

Eastover Sanitary District
3876 Dunn Rd.
Eastover NC 28312

www.eastoversanitarydistrict.com