

# EASTOVER SANITARY DISTRICT APPLICATION FOR WATER & SEWER SERVICE

**Make Checks or Money Order Payable to Eastover Sanitary District**

Date of Application: \_\_\_\_\_ Cut On Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SS # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of Service (check) :

Used for (circle one) :

Water Only \_\_\_\_\_ Sewer Only \_\_\_\_\_

Residential \_\_\_\_\_ Industrial \_\_\_\_\_

Water & Sewer \_\_\_\_\_

Commercial \_\_\_\_\_ Other \_\_\_\_\_

*I hereby apply for service as checked above at the address shown and agree to abide by the rules and regulations governing such service.*

Signed: \_\_\_\_\_  
Owner, Lessee\*, Authorized Agent

*\*Note: If this is a rental home, please list landlords name, address and phone number below:*

Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**THIS SECTION FOR USE BY EASTOVER SANITARY DISTRICT OFFICE**

Customer's Application Fee: \_\_\_\_\_

Water lateral/Tap Fee: \_\_\_\_\_

Sewer lateral/Tap Fee: \_\_\_\_\_

Account No.: \_\_\_\_\_

Meter Number: \_\_\_\_\_

Meter Reading: \_\_\_\_\_

Date Cut On: \_\_\_\_\_

PIN # \_\_\_\_\_

Work Completed By: \_\_\_\_\_

**RETURN TO: Public Works Commission Business Development Group  
955 Old Wilmington Road – PO Box 1089  
Fayetteville, NC 28302**

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