Account #: \_

## WEST CARTERET WATER CORPORATION 4102 Hwy 24 Newport, NC 28570 Office: (252) 393-1515 - Toll Free: (877) 393-6829 Fax: (252) 393-1540

Cycle:	
Book:	
Route:	
Processed By:	

## APPLICATION FOR COMMERCIAL WATER SERVICE

West Carteret Water Corporation is a private, member owned non-profit water corporation. In applying for water service you become a member and as such, agree to abide by the Rules and Regulations of the Corporation including restrictions, if any, on outdoor water usage, as well as rates and fees set by the Board of Directors. Loans and expenses for the Corporation are to be paid by users' cost through monthly billing. Each customer will receive a minimum bill whether the meter is connected or not if the account has an active status.

Water bills are due upon receipt. Failure to receive bill does not entitle delay of payment. Balances remaining after the due date will be assessed a penalty. Service is subject to disconnection (interruption of service) and/or fees 10 days after the due date without further notice. Service will be reinstated after full payment of account balance including any additional fees are received. Checks will not be accepted for disconnected accounts.

It is the customer's responsibility to maintain all plumbing from the meter into and throughout the structure per building code requirements or WCWC additional guidelines, such as a RPZ for backflow prevention. (See guide) WCWC reserves the right to inspect plumbing and discontinue service where plumbing is not maintained or is not in compliance with the NC State Building Code - Volume 11, Plumbing.

The submission of this application authorizes West Carteret Water Corporation to locate its lines, meters, and other related devices upon your property in order to provide you with water. If the lines, meters, and other related devices are already in place, I ratify and affirm their right to be located upon my property. This application also gives WCWC an easement to enter upon your property in order to read the meters and to inspect, maintain, repair or replace the water lines or meters. You agree that you will not restrict access to the lines or meter by placing or building anything over piping or other appurtenances. WCWC shall have the right to remove any items necessary to give access to the lines or meters, to include, but not be limited to flowers, shrubs and grass. After maintenance, repair or replacement, WCWC will restore the ground to its pre-existing grade and will attempt to leave anything that was removed in close proximity. However, WCWC shall have no responsibility for replacing the removed items to include, but not be limited to, the replacement of decks, buildings, trees, grass, shrubs or flowers. If sidewalks, driveways, pavement or other impervious cover have been placed over the area where necessary for WCWC to accomplish its purposes, WCWC shall have the right to remove those items and shall have no duty to replace them unless other agreements exist.

Print Name

Print Name

Signature

Signature

Date

Date

<ul> <li>Applications will not be accepted or wate</li> <li>1. Picture identification - Driver's licens</li> <li>2. Rental or lease agreement - If you agreement must accompany this ap</li> </ul>	se, State Id or pass do not own the pro	port		ntal or lease	
Is this property a rental unit?	() ()	<b>u</b>		()Yes	
Have you had an account with us before?		/es Where?	Previous /	Acct. #:	
	ACC				
Please PRINT and complete ALL items:		Property Addre			
Company Name: Tax Id:			911 Address: City:		
Business # :				Lot #:	
Atl #:			:		
Personal Information:		<b>Billing Addre</b> Name(s):	ss:		
Name:					
SSN:			с		
Driver's Lic. #:		te: City:			
Telephone # - Home:					
Mobile #:		Email Address	S:		
Directions/Comments:					
prevention device is installed. **In compliance with G.S. 143-355.4, all new in-grou system and water consumption shall be measured thro THE APPLICATION MUST BE NOTARIZED IF M	ough a separate irrigatio	n meter. A separate application is rec		connected to the	
Signature:	Signature:		Date:		
-	nty,				
I certify that the following person(s) appeared be (A)	fore me, each acknow				
Notary's Signature	Date	My Commissi	on Expires:		
FOR OFFICE USE ONLY:					
· · - · -	\$	Credit Check:	RDA Code:		
( )	\$ \$	() Approved () Denier Report #:	d Date App Rec'd Date Fees Paid:		
	\$ \$	\$\$/Check #:	Received By:		
	\$	Receipt #:	Copy of DL: (	)Yes ( )No	
	\$	Service Order #:			
() Same Day Service Total:	\$ \$	Scanned to Server: ()Y	es ()No	Cycle:	
Account #:		Attached to Account: ()Y	es ()No	Book:	
Meter #:					
Size of Meter:		USPS Confirmation ()Y	es ()No	Route:	