

Town of Morven



PO Box 295
Morven, NC 28119
Water Application

Name: _____

Address: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact Name & Number: _____

Renting _____

Own _____

Number of People in Household: _____

Print Name: _____

Signature: _____

Date: _____

This application is for Utility Services in Morven NC. Bills are due by the 10th of each month and if not paid a penalty of \$20.00 will be added to the bill on the 11th. If account has a past due amount on the 15th it will be subject for disconnection. If services get disconnected the bill must be paid in full to restore services.

OFFICE USE ONLY	
Deposit paid:	_____
Date:	_____
Refunded:	_____
Date:	_____
Entered by:	_____