

# Dare County – Application for Water Service

<b>Water Department Use Only</b>	
Date Received:	_____
Deposit:	_____
Conn Fee:	_____
System Development Fee:	_____
Rect. #:	_____
Account #:	_____
ID #:	_____
Meter #:	_____
Date Installed:	_____

Name of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Name of Contractor \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Water Service: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block#: \_\_\_\_\_ Parcel # \_\_\_\_\_

Type of Occupancy:  Residence  Motel (\_\_\_\_\_ Units)  Apartments (\_\_\_\_\_ Units)  
 Restaurant (Seating capacity \_\_\_\_\_)  Other \_\_\_\_\_

**SIZE METER REQUESTED \_\_\_\_\_"**

I hereby apply for water service for the above designated property. Enclosed is a total application fee of \$ \_\_\_\_\_. for the meter size indicated above. I understand and agree to abide by the water rates, rules and regulations as adopted by the Dare County Board of Commissioners. I also understand that the County is not obligated to provide the service requested.

**Once the account is established and the meter is installed, water billing will begin at the base rate plus gallons used at the current billing rates.**

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

<b>Field Crew Use Only</b>	
Meter # before is : _____	Meter location: _____

NOTE: Please print this form out, complete and mail original to: Dare County Water Department, 600 Mustian Street, Kill Devil Hills, NC 27948. If you have any questions, please call us at (888) 998-9283, (252) 475-5990, or e-mail: water@darenc.com. Our fax number is (252) 441-2239. Thank you.