

TOWN OF MCADENVILLE
PO Box 9
McAdenville, NC 28101
704-824-3190

PICTURE ID IS REQUIRED FOR VERIFICATION.

Name: _____

Service Address: _____

Mailing Address: _____

City/State/Zip: _____

E-mail: _____

Telephone: (H) _____ (W) _____ (C) _____

Social Security: _____

*Can be used for refunds and/or collections

Picture ID/DL: _____

Water Deposit: \$50.00 Cash, Check, or Money Order is accepted

Sewer Deposit: \$50.00

*All applicable deposits must be paid before services will be turned on.

** Deposit will be refunded if the person moves and doesn't have an outstanding balance.

If rental property, please complete landlord information below:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Date deposit paid: _____ \$ _____

Date water cut on: _____

Services: _____ Water _____ Sewer