

County of Brunswick
Public Utilities Department
P. O. Box 469
Bolivia, NC 28422

APPLICATION FOR SERVICE

Section (A) Please Fill Out			
Street Name & Number (Meter Location)		Lot Number	
Subdivision Name		Tax ID or Parcel Number	
Lot Vacant? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Non-Residential? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Billing Address:		Phone Numbers:	
Name: _____		WORK: ()	
_____		HOME: ()	
Address: _____		CELL: ()	
City: _____		(if Tenant)	
State: _____		OWNER: ()	
Zip : _____			
Date of Transfer: _____		DOB: ___/___/_____	
Email Address: _____			
Last (4) digits SS#: _____ (The last four digits of your Social Security Number are requested for billing and collection purposes)			
Driver's License Number: _____		State Issued: _____	
Check One:	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Builder <input type="checkbox"/>
Section (B) Office Use Only			
Account Number: _____		Customer Number: _____	