

# Brunswick County Public Utilities Department

## APPLICATION FOR RESIDENTIAL SEWER CAPITAL RECOVERY PAYMENT PLAN

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Service Address: \_\_\_\_\_  
(Street Address) (City) (State/Zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

---

Tax Parcel Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State/Zip)

---

Sewer Capital Recovery Fee \$ \_\_\_\_\_

Sewer Transmission Fee \$ \_\_\_\_\_

Total Fees Due: \$ \_\_\_\_\_

Monthly Payment for 12 months \$ \_\_\_\_\_

Property Owner Certification: I understand that I am applying for participation in the Residential Sewer Capital Recovery Fee Payment Plan on a voluntary basis, that the monthly payment must be paid in full each month for water service to continue to be provided. I certify that I am the owner of the property. I further understand that if such payments are not paid within 30 days of a written request by the County, that the property shall be subject to a lien in the amount due and possible foreclosure or other collection measures available under North Carolina Law.

\_\_\_\_\_  
Property Owner Signature Date

Brunswick County Attestation: \_\_\_\_\_  
Name Date

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission expires : \_\_\_\_\_