

Brunswick County Public Utilities Department

APPLICATION FOR RESIDENTIAL WATER FEE TAP AND 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)

Required Deposit \$ _____

Total Water Capital Recovery and Tap Fees Due: \$ _____

Number of months residential water tap and capital recovery fee payments:
(12, 24 or 36 months) \$ _____

Monthly Payment \$ _____

Property Owner Certification: I understand that I am applying for participation in the Residential Water Tap and 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 : _____