

**Cleveland County Water**  
**439 Casar Lawndale Road**  
**Post Office Box 788**  
**Lawndale NC 28090**  
 (704) 538-9033 \* (704) 538-9011

**WATER SERVICE APPLICATION**

**FEE AMOUNTS**

<b>Owner Water Deposit</b>	<b>\$25.00</b>	<b>(\$50.00 if Social Security Number is not provided)</b>
<b>Landlord Blanket Deposit</b>	<b>\$15.00</b>	
<b>Renter Water Deposit</b>	<b>\$100.00</b>	<b>(\$150.00 if Social Security Number is not provided)</b>

**All applicants pay an additional Application Fee of \$10.00 that is nonrefundable**

*Disclosure of your social security number is voluntary. Cleveland County Water is authorized to request this number under NC General Statutes 143-64.60(b) and 132-1.10(b) and (c). A social security number will be used only for collection of debts owed to Cleveland County Water and for credit check(s). The failure to provide a social security number will result in a higher deposit as the cost of collecting a delinquent account is higher if the social security number is not readily available. The last four digits of the social security number may be used to verify identity before disclosing account information.*

Date: \_\_\_\_\_

I hereby request CLEVELAND COUNTY WATER through normal procedures and in accordance with DISTRICT rules and regulations, to provide water service connection to the following location. It is the responsibility of the applicant to insure the service is connected to the dwelling. Billing begins when account and meter is activated.

**Service Address:** \_\_\_\_\_

**Date of Occupancy:** \_\_\_\_\_ **Service Type:**  Residential  Commercial  Public Govt.  
 Irrigation- Residential or Commercial

**Primary Applicant Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town, State, Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Other Adult Names as They Appear On Lease:** \_\_\_\_\_

**Landlords Name:** \_\_\_\_\_ **Landlords Phone #:** \_\_\_\_\_

I, the undersigned, do agree to abide by the rules and regulations of the CLEVELAND COUNTY WATER. Bills are due and payable as of bill date. If not paid within 20 days a 10% late fee will be added to the total account balance. Service shall be suspended for non-payment of bill or fees after 30 days of bill date. All accounts that are discontinued for non-payment shall be billed an additional penalty fee as established in the fee schedule. In order for service to be restored, **ALL PAST DUE** amounts and penalty fee must be paid by cash or money order. Upon disconnection of service for non-payment of bill(s), the customer will be allowed ten days before the deposit is applied to settle the account. After the deposit is applied, all refunds could take up to 30 days to issue a refund check, but if the deposit is not sufficient to cover the bill(s) the District may proceed to collect the balance in the usual way provided by law for collection of debts.

**Cleveland County Water will not be responsible if the service address or mailing address on your application is not correct. If you do not get a bill each month, it is your responsibility to contact the office to find out the balance.**

\_\_\_\_\_  
**Signature of Applicant** Signature of Spouse

Amount Paid: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Route _____	Sequence _____
Meter # _____	Work Order # _____		