

**Town of Magnolia
Water Service Application**

Owner/Renter Information

Account# _____

Name _____ Date _____

Mailing Address: _____

City, State, Zip Code: _____

Service Address: _____

Phone Number: _____ Cellphone: _____

Previous Address (if less than 1 year): _____

City, State, Zip Code: _____

Driver License #: _____ State: _____

*SSN/ITIN: _____

*** If you provide your Social Security Number or ITIN (Individual Taxpayer Identification Number) it is on a voluntary basis, and you understand that it may be used for collection purposes with the NC Debt Set-Off Program. ***

Employer Information

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____

I swear (or affirm) the information provided above is to the best of my knowledge true and correct.

Land Lord Information

Phone: _____

Customer Signature