



# TOWN OF NEWLAND

PO BOX 429  
Newland, North Carolina 28657  
www.townofnewland.org  
828.733.2023

## Council Members

Derek Roberts, Mayor  
James Johnson, Mayor Pro Tem  
Kenny Caraway  
Gail Haller  
Christie Hughes  
Lauren Turbyfill

## RESIDENTIAL WATER/SEWER SERVICE DEPOSIT

DEPOSIT AMOUNT IS AT THE DISCRETION OF THE TOWN MANAGER AND PUBLIC UTILITIES DIRECTOR,  
ACCORDING TO THE FEES ESTABLISHED BY THE TOWN COUNCIL.

1. AMOUNT OF DEPOSIT \_\_\_\_\_ 2. ACCOUNT NUMBER \_\_\_\_\_

3. RENT OR OWN \_\_\_\_\_ 4. IDENTIFICATION NUMBER: \_\_\_\_\_

PLEASE FILL OUT THE FOLLOWING IF RENTING (SKIP TO **NUMBER 10** IF OWNER):

5. RENTERS PRINTED NAME: \_\_\_\_\_

6. RENTERS MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

7. RENTERS HOME PHONE \_\_\_\_\_ 8. CELL PHONE \_\_\_\_\_

OK CONTACT BY TO TEXT: YES  NO

9. EMAIL ADDRESS: \_\_\_\_\_

OK TO CONTACT BY EMAIL: YES  NO

10. PHYSICAL LOCATION: \_\_\_\_\_  
\_\_\_\_\_

11. OWNERS PRINTED NAME: \_\_\_\_\_

12. OWNERS MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

13. OWNERS HOME PHONE \_\_\_\_\_ 14. CELL PHONE \_\_\_\_\_

OK CONTACT BY TO TEXT: YES  NO

15. EMAIL ADDRESS: \_\_\_\_\_

OK TO CONTACT BY EMAIL: YES  NO

ALL PARTIES INITIAL \_\_\_\_\_ DATE: \_\_\_\_\_



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I \_\_\_\_\_, HAVE REQUESTED TO BE ADDED TO THE TOWN OF NEWLAND PUBLIC WORKS SYSTEM. I AGREE TO PAY THE REQUIRED SERVICE DEPOSIT, IMPACT AND ACCESS FEES.

I \_\_\_\_\_, AGREE TO PAY REGULAR CHARGES FOR WATER AND WASTEWATER SERVICES.

ANY CUSTOMER DISPUTING THE CORRECTNESS OF HIS/HER BILL, SHALL HAVE THE RIGHT TO A HEARING IN PERSON, BY REPRESENTATION OF COUNCIL OR IN WRITING. WHEN A RESIDENT NOTIFIES THE TOWN OF SERVICES NO LONGER NEEDED, A REFUND WILL BE ISSUED OF THE SERVICE DEPOSIT FEE, IF THE AMOUNT DUE HAS BEEN PAID IN FULL.

IF A RENTER LEAVES THE PROPERTY, THE OWNER SHALL BE FULLY RESPONSIBLE FOR ANY OUTSTANDING WASTEWATER/WATER BALANCE.

RENTERS PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

RENTERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNERS PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF NOT SIGNED IN PERSON AT TOWN HALL AND THIS APPLICATION IS FOR A TENANT OF THE SERVICE PROPERTY, THIS APPLICATION MUST BE NOTARIZED TO BEGIN PROCESSING.

THANK YOU.

\_\_\_\_\_  
TOWN EMPLOYEE (APPLICANT IN PERSON)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAMP

ALL PARTIES INITIAL \_\_\_\_\_ DATE: \_\_\_\_\_



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**(FOR TENANT APPLICANT NOT IN THE PRESENCE OF TOWN EMPLOYEE)**

ALL PARTIES INITIAL \_\_\_\_\_ DATE: \_\_\_\_\_