Application for Water & Sewer Service
Town of Gibsonville

129 West Main Street
Gibsonville, NC 27249
Phone (336)449-4144

Name_____
First Middle Last

Social Security #_____ Drivers License #_____

Cut-on Date_____

Service Address_____

Mailing Address_____

Own_____ Rent_____ If rent, landlord name & phone_____

Home Phone_____

Employer_____ Employer Phone_____

Have you had service with the Town of Gibsonville before? YES_____ NO_____

I hereby certify that all of the information that I have provided above is true and accurate.

_____ _____
Applicant Signature Date

*Pursuant to 42 U.S.C. 405 (c)(2)(C)(I), Personal information collected by the Town of Gibsonville will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information provided be shared, sold or otherwise made available for public inspection. The disclosure of an applicant's social security number is voluntary.

***PICTURE ID WILL BE REQUIRED WHEN APPLYING FOR SERVICES**

We are happy to keep you informed about Town functions. Please provide a phone number or email address and we will add you to the list.

Phone_____ call or text (circle one)

Email_____