

Email application back to water@gibsonville.net

**Application for Water & Sewer Service  
Town of Gibsonville  
129 West Main Street  
Gibsonville, NC 27249  
Phone (336)449-4144 Fax (336)449-4196**

Applicant's Name \_\_\_\_\_  
First Middle Last

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Turn On Service Date \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ If rent, landlord name & phone \_\_\_\_\_  
**Renters Deposit \$100.00**

Home Phone \_\_\_\_\_

Employer Name & 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.

**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 \_\_\_\_\_