

CITY OF GOLDSBORO
NEW WATER CUSTOMER SERVICE FORM

Customer Service Representative: _____

New Service _____ Transfer _____ Disconnect _____

Date: _____ Water Deposit: \$ _____

Customer Number: _____ Premises: _____

Service Address: _____

End Date: _____ Zip Code: _____

Service Address: _____

Start Date: _____ Premises: _____ Zip Code: _____

Intended Use of Property: Single Family: _____ Multi-Family: _____
Commercial: _____ Industrial: _____

Last Name: _____ First Name: _____

Social Security: _____ / _____ / _____

Driver License: _____ State Issued: _____

Daytime Number: _____ Cell: _____

Spouse Name: _____

Employer: _____

Business Federal ID Number: _____

Forwarding Address: _____

_____ Zip Code: _____

Signature: _____