



CITY OF CONOVER UTILITY SERVICE APPLICATION

City of Conover
PO Box 549 | 101 1st St E
Conover, NC 28613
828-464-1191
Fax: 828-465-5177
www.conoverncc.gov

Service Connection Date: _____

A \$25.00 service initiation fee per application will be assessed when services are started. Certain deposits may apply in accordance to City of Conover Schedule of Fees.

Customer Name: _____ DOB: _____
First M.I. Last

Service Address: _____

Business Name: _____
(if applicable)

Service(s) Requested: Water Sewer Solid Waste
Please check all that apply

SSN/Tax ID Number: _____ Driver's License/ID # _____

Pursuant to NC General Statute 105A, the City of Conover with the NC Dept of Revenue reserve the right to facilitate collection of unpaid water and sewer balances from any state income tax refund that might otherwise be owed to you. Your Social Security information may be shared among other departments within the city administration.

Mailing Address: Same as Service Address

Address City State Zip Code

Contact Phone: _____ Contact Email: _____

When signing up for utilities, you will be automatically enrolled to receive Conover's monthly newsletter via email, and CODERED emergency alerts. The City of Conover and Catawba County utilize the CODERED Emergency Alert system for community-wide emergency announcements including boil water advisories, storm emergencies, etc. Please indicate your preferred method(s) of emergency alert delivery. You may unsubscribe at any time.

Text Message Email

I declare that the above information furnished for the purpose of obtaining utility service with the City of Conover is true and complete. I understand that any false statement can result in disconnection of my utility service at any time.

Applicant's Signature: _____ Date: _____

STAFF USE ONLY:

ACCOUNT NUMBER: _____

SERVICE INITIATION FEE: _____ DEPOSIT PAID: _____

COMPLETED BY: _____ COMPLETED DATE: _____