



Date: _____

**P.O. Box 40 | 6217 Main Street
Bailey, NC 27807
252-235-4977
customerservice@townofbaileync.org**

Customer Information Form – Residential

Name: _____

Mailing Address: _____

Home #: _____ Email: _____

Employer: _____ Work #: _____

Date of Birth: ____/____/____

Driver's License #: _____ State: _____

Social Security #: _____ *(Necessary for debt collection from
delinquent accounts as permitted by law.)*

Service Address: _____

of permanent residents at this address: _____

Property: Leased or Owned Closing Date: _____ Lease Ending Date: _____
(circle one)

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's #: _____ Mobile / Home / Office

Emergency Contact Name (relationship): _____

Emergency Contact Tel #: _____

OFFICE USE ONLY

Acct: _____ Date Water Turned On: _____

Services for this address (circle all that apply): Water / Sewer / Garbage / Recycle

Deposit Charged: _____ Date Called for Carts: _____