TOWN OF SIMS
6501 US HWY 264 ALT
PO BOX 161
SIMS, NC 27880
Phone (252) 237-4226
info@townofsimsnc.com
www.townofsimsnc.com

CUSTOMER INFORMATION:
Home Owner _____ /Renter_____ Landlord Name_____

Name: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____Cell #: _____

Email Address:_____

Drivers license #_____and copy ____

Social Security Number: _____
This information is requested pursuant to Chapter 105A of the North Carolina General Statutes. Your disclosure of this information is voluntary and the same will only be used in association with Setoff Debt Collection.

Number of people residing at location:_____

Spouse/ Significant Other Name:_____

Spouse/ Significant Other Phone #:_____

Emergency Contact Name (outside of home):_____

Emergency Contact Phone # (outside of home):_____

Deposit Paid : $_____._____

The Town of Sims is not responsible for any damage that may come from water service being turned on at customers address, we require a cut on date and time and suggest that you, the customer be present to make sure no water is on inside residence, by signing this you relieve the Town of Sims of any responsibility for damage.

Signature:_____ Date:_____

Date of Service requested to be turned on : _____
Time requested_____AM/PM

<u>For office use only:</u>
Book # _____ Acct # _____
Meter reading _____
Office personnel signature: _____