



Town of Burgaw Temporary Usage Application

Town of Burgaw, NC
109 North Walker Street
Burgaw, NC 28425
(910) 259-2151
Fax: (910) 259-6644
customer.service@townofburgaw.com

7 Day Service Application

Owner Name: _____

Service Address: _____

Mailing Address: _____

(If different from Service Address)

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ - _____ - _____

This application is for water service at the above service address for a 7 day period for a fee of \$30.00. Additional days of service may be requested.

Excessive usage may result in additional fees.

I have read this agreement and I agree to these terms.

Signature: _____ Date: _____

OFFICE USE ONLY

Account # _____

Meter ID: _____

Turn On Date: _____

Turn Off Date: _____

Reading: _____

Reading: _____

WO # _____

WO # _____