## Town of Greensboro P O Box 340 Greensboro, MD 21639 410-482-6222 Fax 410-482-7429

## Water/Sewer Transfer/New Account Information

Name:			
Last	First		Middle
Spouse/Co-Owner:Las		First	Middle
911 Address:	, Gı	reensboro, MD 210	539
Mailing Address (if differe	nt from above):		
City:	State:	Zip Code: _	
Email Address:			
Phone (home):	(work):	(cell):	
S.S. #:	Email:		
Ple	ease provide a copy of a	a valid driver's lic	ense
Please note upon signing the until you notify us of a character service and will be consecutive payment as determined by the town. Payments may be for additional information.	nge in ownership. A depredited to your account a see billing cycles of promethe Town of Greensbords made via mail, in person	posit of \$100.00 is after one year of pr pt payment. If you after two years th	required to connect your ompt payment or after two fail to make prompt e deposit will be forfeited
Signature (required)		Date	_
Office Use Only			
Account #:		Service ID:	
Date of Service:			