

**Town of Greensboro
P O Box 340
Greensboro, MD 21639
410-482-6222**

Water/Sewer Transfer/New Account Information

Name: _____
 First M.I. Last

Spouse/Other Billing Party: _____

911 Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Email Address: _____

Phone (home): _____ (work): _____ (cell): _____

S.S. #: _____ Driver's License: _____

Please provide a copy of a valid driver's license

Please note upon signing this you will be responsible for any charges accrued on this account until you notify us of a change in ownership. A deposit of \$100.00 is required to connect your water service and will be credited to your account after one year of prompt payment or after two years with three consecutive billing cycles of prompt payment. If you fail to make prompt payment as determined by the Town of Greensboro after two years the deposit will be forfeited to the town.

Signature (required)

Date

Office Use Only

Account #: _____

Service ID: _____

Date of Service: _____