

Superintendent
Roy (Rusty) Hayes

Craven County
Water

Customer Service Supervisor
Crystal S. French



HYDRANT METER APPLICATION

Date Service to Begin _____ Please Remit _____

Commercial _____ Irrigation _____

FILL OUT APPLICATION IN ITS ENTIRETY

RESPONSIBLE PARTY

Business Name: _____

EIN or Tax ID: _____

Business Phone Numbers: _____ or _____

Mailing
Address
Street: _____

City: _____ State: _____ Zip Code: _____

General Service Location of Hydrant Meter: _____

Contact Person: _____

Contact Person's Position: _____

Contact Person's Phone Numbers: _____ or _____