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**Town of Andrews, NC**  
PO Box 1210  
Andrews, NC 28901  
(828) 321-5111



## **Cleaning/Inspection Application**

(Water will be turned on for a maximum of 30 days)

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

The undersigned makes application for services and agrees to pay the fee of \$25 valid for 30 days of water service.

**This** \_\_\_\_\_ **Day of** \_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Town of Andrews Rep

**Location** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Opening Date** \_\_\_\_\_ **Reading** \_\_\_\_\_

**Closing Date** \_\_\_\_\_ **Reading** \_\_\_\_\_