

**Union County Public Works
Bulk Water Program Application
(Vehicle Mounted Assemblies)**

APPLICANT INFORMATION		
Individual or Company Name:	SSN/TAX ID:	
Contact Name:	Email:	
Contact Phone:	Cell Phone:	
Individual or Company Address:		
City:	State:	Zip Code:
BILLING INFORMATION		
Check box if same as above <input type="checkbox"/>		
Billing Address:	Fax:	
City:	State:	Zip Code:
Contact Name	Contact Phone:	Email:
ADDITIONAL INFORMATION		
Type of Business:	Est Mthly Usage:	Number of Permits Requested (see vessel list):
By signing and submitting this application I confirm that I am an authorized representative of the company, and that I have read and understand the Bulk Water Program requirements and operating instruction. Further, I understand that failing to comply with hydrant operating procedures, failing to provide a monthly usage form for all permitted vehicles, accessing unauthorized hydrants in Union County, and/or account delinquency can result in permit privileges being revoked		
Printed name of Authorized Representative:		
Signature of Applicant:	Date:	

Voluntary Disclosure Statement (SSN): *The disclosure of your social security number ("SSN") as part of the application process is voluntary. The SSN is solicited pursuant to the authority set forth in N.C.G.S. § 105A-3. The SSN will be used for the sole purpose of complying with the State of North Carolina's Setoff Debt Collection Act (Chapter 105A of the North Carolina General Statutes). An applicant will not be denied a landfill credit account based upon a refusal to disclose a SSN. If the Applicant does not provide employer identification number (EIN) or a SSN, another form of identification will be required. Any unexpired government-issued identification is an acceptable form of identification.*

