



POST OFFICE BOX 1065 • DUNN, NORTH CAROLINA 28335
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www.dunn-nc.org

Mayor
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Mayor Pro Tem
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Council Members
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April L. Gaulden
Frank McLean
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Chuck Turnage
City Manager
Steven Neuschafer

Property Owner Verification Form

Property Owner Name(s): _____

Property Owner Mailing Address: _____

Property Owner Telephone Number: _____

Last 4 digits SS#: _____
This information is requested to establish identity

Account#: _____ Service Address: _____

I/we hereby affirm that I/we am/are the owner of the above property and have leased it to the parties below who will be responsible for water and sewer charges.

I/we understand that the tenant is responsible for notifying the City when the tenant leaves. If the tenant leaves without my/our knowledge, the City will terminate the water and/or sewer service when they determine the residence is abandoned.

I/we understand that this form is required to establish authority for the person(s) named below to set up water and/or sewer system at the above location.

Tenant Name(s): _____

Date Occupancy begins: _____

Signature of Owner Date

Signature of Tenant Date

Printed Name

Printed Name



where community matters