

SAMPSON COUNTY PUBLIC WORKS

LOCK BOX REQUEST FORM

NAME: _____

ADDRESS TO LOCK DOWN: _____

MAILING ADDRESS: _____

I have requested that my tap be locked down.

I understand that I will never be billed on this water tap again after I have signed this form. Should I ever wish to have this tap reinstated, I understand that I will have to pay a **\$125 reopen tap fee**.

I understand that I must first have my account paid in full before the tap can be locked down.

If you have any questions, please contact our office at (910) 592-0188.

SIGNATURE: _____

DATE: _____

REASON FOR LOCKING DOWN TAP: _____
