

Town of Lawrenceville
APPLICATION FOR UTILITY SERVICES
400 North Main Street
Lawrenceville, VA 23868
434-848-2414
434-848-9356 (fax)

****For Office Use Only****

DEPOSIT PAID \$ _____
CK# _____ CASH _____

LANDLORD Y OR N

LOCATION #: _____

New Residents requiring water, sewer, and trash service must complete this Service Application. **All applications must be submitted along with a security deposit, which will be applied to your account or refunded upon account closure, (we reserve the right to apply deposit as final payment as necessary).** The Town of Lawrenceville does not pay interest on deposits.

Please contact the Town of Lawrenceville at the telephone number above.

Photo ID provided

Lease/Deed provided

DO NOT WRITE ABOVE THIS LINE.

ACCT. NUMBER: _____

NAME: _____
LAST FIRST MI

SEX: M F
check one

SERVICE ADDRESS: _____

ARE YOU: RENTING or BUYING/ OWN

SERVICE START/END DATE: _____

MAILING ADDRESS: _____
(IF DIFFERENT)

HOME PHONE: _____ CELL PHONE: _____

IT IS YOUR RESPONSIBILITY TO PROVIDE THE TOWN WITH A WORKING PHONE NUMBER AT ALL TIMES SO THAT WE MAY CONTACT YOU IF NECESSARY.

LAST 4 of SSN: _____ DRIVER'S LICENSE# _____ STATE: _____ EXP: _____

PERMISSION TO DISCUSS ACCOUNT WITH: _____

EMAIL ADDRESS: _____

OWNERS: NEW CONNECT OR PROPERTY CHANGES NAMES:

Connection Fee: \$25.00

RENTAL:

Deposit: \$125.00 (in town) \$150.00 (out of town)

BILLING DATES: MONTHLY ON THE 1ST.

**BILLS ARE DUE UPON RECEIPT OR BY THE 22ND OF THE MONTH.
BILL ARE PAST DUE ON THE 23RD OF THE MONTH AND A 10% PENALTY WILL BE
ADDED.**

**IF THE BILL IS NOT PAID BY THE 15TH OF THE FOLLOWING MONTH, SERVICE WILL
BE DISCONTINUED. A CHARGE OF \$25.00 PLUS THE AMOUNT OF BILL DUE MUST BE
PAID BEFORE SERVICE IS RECONNECTED. CHECKS WILL NOT BE ACCEPTED ON
ACCOUNTS CUT OFF FOR NON-PAYMENT.**

**ANY TIME SERVICE IS CUT OFF OTHER THAN FOR A LEAK; A CHARGE OF \$25.00 IS
REQUIRED TO CUT IT BACK ON.**

*I understand that I am responsible for collection and legal costs associated with pursuit of any
delinquent account. I further recognize that to provide a forwarding address upon termination of service
may avoid the above costs.*

FAILURE TO RECEIVE A BILL DOES NOT RELIEVE MY OBLIGATION TO PAY.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE.

METER READING- CUT ON: _____

CUT OFF: _____

JOB COMPLETED BY: _____

MISCELLANEOUS NOTES OR INSTRUCTIONS:
