

P.O. BOX 705
210 LINDEN STREET
APPOMATTOX, VA 24522

PHONE: (434) 352-8268
FAX: (434) 352-2126
www.townofappomattox.com

TOWN MANAGER
R. TERRY MCGHEE

Town of Appomattox



MAYOR
RICHARD C. CONNER

COUNCIL MEMBERS:
JAMES J. BOYCE, SR.
TIMOTHY W. GARRETT
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NATHAN A. SIMPSON
MARY LOU SPIGGLE
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CLERK OF COUNCIL
ROXANNE W. CASTO, MMC

Utility Service Contract

TODAY'S DATE: _____

DATE SERVICE NEEDED: _____

APPLICANT NAME _____

SERVICE(S) NEEDED: (CIRCLE ONE OR BOTH) WATER SEWER

ADDRESS WHERE SERVICE IS NEEDED: _____

CIRCLE ONE TOWN LIMITS COUNTY

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

CIRCLE YES IF YOU WANT TO RECEIVE BILL ELECTRONICALLY YES

(PLEASE NOTE, IF YOU CHOOSE TO RECEIVE YOUR BILL ELECTRONICALLY YOU WILL NOT RECEIVE A PAPER BILL IN THE MAIL)

APPLICANT CONTACT NUMBERS #1 _____ #2 _____

SSN OR EIN _____

DATE OF BIRTH _____ DRIVERS LICENSE ID# _____

PLEASE CIRCLE ONE OWN HOME *RENTING

*Renters shall provide a \$300.00 deposit, (which is refundable if your account is in good standing when you move out of the premises.)
The deposit is to be paid at the Town Municipal Building, 210 Linden Street, Appomattox, VA., prior to service being turned on. Using a debit
or credit card to pay for your deposit will incur a 2.95% charge/convenience fee, which will be an additional \$8.85. There is no refund on the
convenience fee.

As evidenced by his or her signature attached hereto, and in consideration of the services received by
Applicant(s) hereunder, the undersigned Applicant(s) acknowledges and agrees to the following:
1) Applicant(s) has read and understands all Town of Appomattox water and sewer services rules and
regulations contained within the Appomattox Town Code and elsewhere, 2) Applicant(s) understands
that water is a finite resource and water service is subject to water availability and that Town of
Appomattox makes no guarantee of water at any time, and 3) Applicant(s) understands that he or she
assumes full financial responsibility for the water and sewer service charges associated with this
connection until such time that he or she notifies the Town of Appomattox of disposal of above
described property.

EMPLOYER _____

APPLICANT SIGNATURE _____

*****CO- APPLICANT INFORMATION*****

CO- APPLICANT NAME: _____

CO- APPLICANT SSN OR EIN: _____

CO- APPLICANT DATE OF BIRTH: _____

CO-APPLICANT DRIVERS LICENSE ID#: _____

CO-APPLICANT CONTACT NUMBERS: _____

CO- APPLICANT SIGNATURE: _____

All rates quoted herein are subject to change.

Water and sewer service hereunder is subject to availability.

Once fully signed by all parties, this application for service constitutes a binding contract between the parties.