

TOWN OF GORDONSVILLE

112 S. Main St., Gordonsville, VA 22942
Phone: (540) 832-2233 Fax: (540) 832-2449
www.townofgordonsville.org



Account # _____
Work Order # _____
Service Location # _____
Final Bill Date _____

Final Bill Request Water, Sewer and Trash Service

Are you transferring a deposit to another location in the Town of Gordonsville? Yes No
If yes, please list address _____

I understand that by transferring to another property within the Town of Gordonsville, I must pay the current balance due Prior to obtaining water service at a new location. Any unpaid balance on this account will be transferred to the new account.

Service Disconnect Date: ____/____/____	Service Type: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial <input type="checkbox"/> Institutional
Applicant Name:		SSN or FEIN # Driver's Lic #
Co-Applicant Name:		SSN or FEIN # Driver's Lic #

Where premises are occupied by someone other than the owner, the account holder is responsible for authorizing disconnection.

****A forwarding address is REQUIRED in order to process deposit refunds****

Service Address:	
Forwarding Address:	
Phone Number:	H) _____ C) _____ W) _____
Email Address:	

_____ I am responsible for all water/sewer bills incurred while residing at the above address. Once the renter's deposit is applied, I understand there may be a final bill balance for which I am responsible, if applicable. Should there be a credit balance remaining after the final bill is processed, I request a refund to be sent to the forwarding address listed above.

Applicant's Signature _____ **Date** _____
Print Name _____

---OFFICE USE ONLY---

DEPOSIT ON FILE Yes Amount \$ _____ No

DEPOSIT ACTION Refund/Apply Transferred to: # _____

CREDIT BALANCE Yes Credit Amount \$ _____ OR Final Bill Balance \$ _____

Pull Application File Make Account Inactive

Date Entered: _____ Entered By: _____