



**Town of Gordonsville**  
www.townofgordonsville

112 South Main Street  
P.O. Box 276  
Gordonsville, VA 22942  
Phone: (540) 832-2233  
Fax: (540) 832-2449

Final Bill Request

**PLEASE PRINT**

Name (if resident) \_\_\_\_\_

Business Name \_\_\_\_\_

Physical Address (911) that water and sewer service will be turned off at \_\_\_\_\_

New Mailing Address \_\_\_\_\_

New Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

Date request water and sewer service to be turned off \_\_\_\_\_

Do you own or rent the residence/business? \_\_\_\_\_

If Renting, Landlord's Name \_\_\_\_\_

I understand fully that the billing period for water and sewer service is the 15<sup>th</sup> of every month and the due date is the 15<sup>th</sup> of \_\_\_\_\_.

I am responsible for all water bills incurred while residing at the above address. Should there be a credit balance remaining after the final bill I request a refund be sent to: \_\_\_\_\_

I understand that failure to receive bills or notices does not prevent such bills from becoming delinquent.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Final Bill Date: \_\_\_\_\_ Deposit Date: \_\_\_\_\_

Final Bill Amount: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Balance due to the Town / Customer (please circle one)