

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 # _____
 Bill Month _____

Application for Water, Sewer and Trash Service

FEES: \$ 30.00 Service Activation
 \$200.00 Deposit – Renters

Have you previously had service with the Town of Gordonsville? Yes No
 If yes, please list date and address(es) _____

Are you transferring a deposit from 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 Start Date: ____/____/____	Service Type:		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
			<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
Commercial Trash Service (Check One)	<input type="checkbox"/> Curbside	<input type="checkbox"/> 2 YD Dumpster	<input type="checkbox"/> 4 YD Dumpster	<input type="checkbox"/> 6 YD Dumpster <input type="checkbox"/> 8 YD Dumpster
Renter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Owner:		Property Owner Phone:	
Applicant Name:			SSN or FEIN # Driver's Lic #	
Co-Applicant Name:			SSN or FEIN # Driver's Lic #	
Other Occupants:				

Proof of ownership is required for all **OWNER** accounts.

Service Address:			
Billing Address: (If different)			
Phone Number:	H)	C)	W)
Email Address:			
Applicant's Employer:			Phone:
Employer's Address:			
Co-Applicant's Employer:			Phone:
Employer's Address:			

---OFFICE USE ONLY---

DEPOSIT

\$200 Water & Sewer \$30 Water Service Fee

Transferred Deposit \$ _____ Additional Deposit \$ _____

Property Owner Signature

PAYMENT METHOD

Cash Check # _____

Date Entered: _____ Entered By: _____

- **Residential Trash Service** is curbside pickup
- **Commercial Trash Service** - Contact Time Disposal at (434) 977-3339
- The billing period for water and sewer service is the 15th of every month. Payment is due the 15th of the following month. A penalty of \$5.00 or 1.5%, whichever is greater, will be charged if balance is not paid in full by the 15th.
- I am responsible for all water/sewer bills incurred, unless a final bill request form has been filled out and signed by me to terminate water/sewer services. It must be submitted to the Town of Gordonsville Treasurer's office at least 10 days prior to the disconnect date.
- I understand that failure to receive bills or notices does not prevent such bills from becoming delinquent. Should your account become delinquent, water/sewer service will be discontinued and will not be resumed until **ALL water bills plus any additional fees are paid to the Town. Property owners AND tenants will be required to pay an additional deposit of \$200 if your utility account is delinquent four (4) times in a 12 month period.**
- Landowners will be held responsible for all unpaid account balances. By signing below, the landowner guarantees payment of all services, costs, fees, charges, etc., arising from or related to this application. (See Town of Gordonsville Code Ch. 23. Article II. § 23-53).
- This application obligates the **owner and lessee, jointly and severally**, of the premises to pay for all water furnished and all fees associated with the account.

_____ I/we have read and understand the above conditions and accept water and sewer service from the Town of Gordonsville subject thereto.

Applicant's Signature _____

Date _____

Print Name _____

Co-Applicant's Signature _____

Date _____

Print Name _____

Property Owner Signature for Lessees

Property Owner Signature _____

Date _____

Print Name _____

Mailing Address _____

Phone _____ **Email** _____