

APPLICATION FOR WATER AND/OR SEWERAGE SERVICE
GLOUCESTER COUNTY UTILITIES DEPARTMENT

7384 Carriage Court

PO Box 329

Gloucester, Virginia 23061

Telephone (804) 693-4044 Fax (804) 693-4664 www.gloucesterva.info

FOR OFFICE USE ONLY

Account No: _____

Route No: _____

Seq No: _____

Meter ID No: _____

MXU ID No: _____

Transfer Fee \$ 30.00 _____ PAID BILL FOR

Deposit (Water) Tenants Only \$ 60.00 _____ PAID

Deposit (Sewer) Tenants Only \$ 40.00 _____ PAID

Service Start Date _____

Service Address _____

(OWNER TENANT)

Name _____

Mailing Address _____

Social Security No. (s) _____

Home Phone No. _____

Cell Phone No. _____

Email _____

Remarks: _____

I (we) hereby make application for Water and/or Sewerage Service, at the service address indicated above and agree to observe and comply with all ordinances of the Board of Supervisors concerning water and sewerage users, and further agree to pay all proper charges for water and sewerage on the above premises, at the rate now fixed, or at such rate as may hereafter be fixed by authority of law, whether used by the undersigned, his sub-tenant or assignee, until such time as the director of the Department of Public Utilities shall receive proper notice to discontinue water and/or sewerage service and terminate this agreement. I (we) hereby waive the benefit of my (our) Homestead exemption as to this obligation.

Signature(s) of Applicant(s) _____

Date _____

NOTE: If applicant(s) is/are a tenant(s), a deposit of \$ _____ is required, with the understanding that the same will be refunded upon payment of final water and/or sewerage bill on termination of service.

SEWER CUSTOMERS WILL ALSO RECEIVE A MONTHLY BILL FROM HAMPTON ROADS SANITATION DISTRICT (HRSD), AS THEY TREAT THE SEWER. IT IS BASED UPON THE MONTHLY WATER USAGE. PLEASE CONTACT HRSD WITH ANY QUESTIONS REGARDING THEIR BILLING.