

**ROCKINGHAM COUNTY
DEPARTMENT OF PUBLIC WORKS
20 East Gay Street
Harrisonburg, Virginia 22802
(540) 564-3020 Fax: (540) 564-3048
www.rockinghamcountyva.gov**

Date _____

**WATER AND SEWER
APPLICATION FOR SERVICE**

I (we) _____ hereby make application for water _____ and/or _____ sewer service to the premises located at _____ zip code _____ Subdivision _____.

Please make service effective (date) _____. I am (we are) the owner, or _____ tenant _____. If tenant, the owner is _____ and has indicated approval of the County's provision of service and **potential owner liability for nonpayment** by signature below. I (we) understand that connections made are to be in conformance with existing policies and ordinances of Rockingham County and agree to pay for service(s) at the rates and fees established by and as may be revised by the Rockingham County Board of Supervisors. I (we) further understand that service(s) may be discontinued in the event bills are not paid when due.

_____ Telephone _____ Telephone

Signature of Owner

ID # or Social Security Number

Applicant Mailing address:
(if different from service):

Signature of Applicant or Agent

A copy of your drivers license and / or social security card is required for service.

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(For Office Use)
WATER Service Area _____

Date of Service _____

SEWER Service Area _____

Old Account # _____ / _____

OWNER Deposit \$ 50 **Water**
 \$ 50 **Sewer**
 \$ 100 **Both**

Meter Number _____ Read = _____

Cash _____ Check # _____ Receipt # _____

Book Number _____ Page # _____

Landlords have the option of holding the deposit on the above property until Public Works is notified to return deposit

Customer Number _____

Yes, please hold deposit
 No, please return deposit

City Account # _____

RENTOR Deposit \$ 75 **Water**
 \$ 75 **Sewer**
 \$ 150 **Both**

Received By _____