



DEPARTMENT OF PUBLIC WORKS
 20 East Gay Street
 Harrisonburg, VA 22802
 540-574-3517 FAX: 540-564-3048

IRRIGATION APPLICATION FOR SERVICE

LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		CITY/ZIP
APPLICANT #1 TELEPHONE		APPLICANT #1 EMAIL
APPLICANT #2 TELEPHONE		APPLICANT #2 EMAIL
Applicant #1 SSN: (EIN IF BUSINESS)		Applicant #2 SSN: (EIN IF BUSINESS)

MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS:

Street address: _____ City, State, Zip: _____

I (We) hereby make application for water service to the premises address listed above. 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. By signing below I (we) agree that an approved Backflow Prevention Device (RPZ) will be installed prior to service being turned on.

SIGNATURE OF APPLICANT OR AGENT _____ DATE _____

FOR OFFICE USE ONLY

Water Service Area _____	Service Date _____
Meter Size: 3/4" <input type="checkbox"/> \$750 minimum or actual cost Larger than 3/4" <input type="checkbox"/> \$750 minimum + \$500 per 1/4" or actual cost (above 3/4")	House Account # _____ Meter # _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____ CC <input type="checkbox"/>
<input type="checkbox"/> \$750 due upon receipt of application <input type="checkbox"/> Remainder billed after installation	Book # _____ Page # _____
Customer Initials _____	
Account # _____	Customer # _____
Received by _____	Date _____

Irrigation accounts are only charged when the water is used. There is no monthly minimum.