



Patrick County Public Service Authority (PCPSA)
Service Request Form

Date of Request: _____

Service Requested: **Sewer** **Water** **Both** (Circle Type Requested)

NAME OF PROPERTY OWNER:

(Owner's Legal Name)

TAX MAP ID NUMBER: _____

PHYSICAL SERVICE ADDRESS:

(Service Address)

MAILING/BILLING ADDRESS (if different from service physical address):

(Mailing/Billing Address)

Signed: _____ **Phone Number:** _____

Date: _____

By my signature above, I hereby assert that I am legal owner of the property listed and described above, and furthermore; I hereby agree that prior to any required connecting lines being installed on the property listed and described above that, I shall complete a PCPSA Service Agreement Form and a PCPSA Service Order Turn On Form, as well as provide for the inspection of the connecting lines by the PCPSA, or their representative. I further agree to pay all applicable fees associated with account setup and connection to PCPSA facilities.