

Account Type

Residential
Commercial
Temporary

Service Type

Water
Sewer
Both

**PATRICK COUNTY PUBLIC SERVICE
AUTHORITY**

SERVICE ORDER TURN ON

This facility is operated in a nondiscriminatory basis with regards to race, color, national origin, religion, sex, familiar status, age, or handicap. Complaints of discrimination may be sent to the U.S. Secretary of Agriculture, Washington D.C. 20250

DEPOSIT PAID: _____

NAME #1 _____ ACCOUNT # _____

NAME #2 _____ CUSTOMER ID _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ EMPLOYER: _____

SS #1 or FEIN#: _____ SS #2: _____

IF TENANT, PROVIDE FOLLOWING IN ADDITION TO COPY OF LANDLORD AUTHORIZZTION FORM:

LEASE DATE: _____

LANDLORD NAME: _____

LANDLORD ADDRESS: _____

LANDLORD EMAIL: _____

LANDLORD TELEPHONE NUMBER: _____

I/We confirm that I am the () legal owner, () agent of owner, or () tenant of the property where service is requested.

I/We agree to use and pay for the service in accordance with the Patrick County Public Service Authority Rules and Regulations for water and sewer service which are or may come in force during the life of this contract.

In accordance with the Code of Virginia Sec. 15.2-5139 as amended, a lien may be placed on this property for non-payment of utility charges, fees, and interest on this account.

SIGNATURE: _____ DATE: _____

REQUESTED TURN ON DATE: _____

START METER READING: _____ METER TYPE ID: _____

SECTION
COMPLETED BY
PCPSA

METER SERIAL #: _____ BY: _____

NOTE: BE SURE ALL WATER IS TURNED OFF AT THE LOCATION OR WE WILL NOT BE ABLE TO CONNECT YOUR SERVICE AS SCHEDULED.