



**Patrick County Public Service Authority (PSA)**  
**Service Request Form**

**Date of Request:** \_\_\_\_\_

**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 PSA Service Agreement Form and a PSA Service Order Turn On Form, as well as provide for the inspection of the connecting lines by the PSA, or their representative. I further agree to pay all applicable fees associated with account setup and connection to PSA facilities.