



Town of Chase City
525 North Main Street, Suite A
Chase City, VA 23924

Phone: 434-372-5136
Website: www.chasecity.org

Water Application

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY

All Applicants must be 18 or older

Billing Information

Date _____ Birthdate _____ Home Phone _____ Cell Phone _____
Full Name _____ Email address _____
Mailing address _____ City _____ State _____ Zip _____
Physical address _____

Record Information

Place of employment _____ Work Phone _____
Bank Name _____

Are you the Owner ____ Renter ____ of the property where service is requested? If you are renting, give the name and address of owner. _____

Applicant: I hereby understand the following items with regard to the above referenced property:

- ___ 1. That I am responsible for all water and sewer charges incurred by me.
- ___ 2. That the Town of Chase City will bill me monthly based on my water and sewage use.
- ___ 3. That the bill becomes late on the 23rd after 5:00 p.m. of each month and will incur a 20% late penalty if not paid.
- ___ 4. That if the bill is not paid on the 4th by 5:00 p.m. of the next month, my water will be turned off and there is a \$50.00 reconnect fee. Payment in full and reconnect fee must be received before services are cut back on.
- ___ 5. That I must notify the Town of Chase City when I move from this location or will be held responsible for any water usage beyond my move out day.
- ___ 6. Trash must be in a metal or plastic container with a lid per Sec. 4-2-12. Failure to have trash in an approved container will result in your trash not being collected.

Signature – PLEASE SIGN FULL NAME

Applicant _____ S.S. # _____

Water Deposit will not be refunded until all bills are paid in full and owner has notified the Town Office to disconnect Water Service.

Attach a copy of Picture I.D. to this application

Office Use Only

Acct # _____
Deposit Amount collected _____
Date Application Prepared _____
Prepared By _____