CITY OF HARRISONBURG

APPLICATION FOR UTILITY SERVICES
2155 Beery Rd
Harrisonburg VA 22801
540-434-9959
540-434-9769 fax

**** FOR OFFICE USE ONLY****

DEPOSIT PAID $_____CK#_____CASH

LANDLORD Y OR N

JMU UDAP. NUMBER: _____

New Residents requiring water, sewer, and trash service may complete this Service Application online and forward it to the City of Harrisonburg/Public Utilities at the above address. ***All applications must be submitted along with a security deposit, which will be applied to your account upon receipt of (12) twelve consecutive on time payments, or refunded upon account closure ,(we reserve the right to apply deposit as final payment as necessary).*** The City of Harrisonburg does *not* pay interest on deposits.

Please contact the City of Harrisonburg at the telephone number above or via email to the Utilities Services Manager at **WaterService@harrisonburgva.gov** should you have any questions. The City of Harrisonburg Public Utilities conducts business in accordance with the City Ordinance (Title 7 Chapters 1-5). For questions or details please visit www.harrisonburgva.gov

DO NOT WRITE ABOVE THIS LINE ACCT. NUMBER: _____

PLEASE PRINT

NAME: _____SEX: M F
LAST FIRST MI *circle one*

SERVICE ADDRESS: _____

ARE YOU: RENTING BUYING OWN SERVICE START DATE: _____
circle one

MAILING ADDRESS: _____
(IF DIFFERENT)

_____
CITY STATE ZIP

HOME PHONE: _____WORK PHONE: _____

CELL PHONE: _____ALT PHONE: _____

DATE OF BIRTH: _____ _____LAST 4 OF SSN: _____

DRIVER'S LICENSE#: _____ STATE: _____EXP: _____

Passport / (Government Issued ID): _____ Exp: _____

PERMISSION TO DISCUSS ACCOUNT WITH: _____

EMPLOYER: _____

FOR INTERNET / ONLINE PAYMENT OPTION:

EMAIL ADDRESS: _____

PIN #: _____ (4 to 8 alphanumeric digits) PAPERLESS BILLING: Yes OR No

I understand that I am responsible for collection and legal costs associated with pursuit of any delinquent account. I further recognize that to provide a forwarding address upon termination of service may avoid the above costs.

I hereby consent to the jurisdiction of the courts of Rockingham County over any action filed against me for the collection of my account. The undersigned agrees and recognizes that by signature they enter into contract bound by City Ordinance Title 7 Chapters1-5 and are obligated to monthly payments.

SIGNATURE: _____DATE: _____

WITNESS: _____DATE: _____