



TOWN OF PENNINGTON GAP
WATER/SEWER SERVICE APPLICATION

ACCOUNT # _____

METER ID: _____ METER READING _____

(NEED COPY OF PHOTO IDs) OR ATTACH TO BACK

DEPOSITS:

In Town (237.50)/ \$175 + \$62.50 Connect Fee

Out of Town (275.00)/\$150 + \$125 Connect Fee.

SERVICE ADDRESS _____

BUSINESS: Y ___ N ___ IN-TOWN ___ OUT ___

METER DEPOSIT _____ (refunded/applied upon termination of service)

CONNECTION FEE _____ NON-REFUNDABLE

I, the undersigned, do hereby agree to the rates applied by the Pennington Gap water system and am aware that I am fully responsible for the service to be paid by the 10th of each month, or my service may be disconnected for non-payment. I am still responsible for payment by the due date regardless of the mail. No other person(s) owing the Town of Pennington for utilities shall live at this service address. Service will be disconnected unless all person(s) living at this address have paid their bill in full. To resume service after a disconnect for non-payment, the bill balance plus a \$125 reconnect fee must be paid in full. The bill must be paid in full to transfer to another location, plus \$10 transfer fee.

It is my responsibility to update phone numbers, house address (911) numbers and email addresses used with this account.

The town bills the last week of each month. Payment may be made online or by phone, dropped in the curbside box or mailed.

APPLICANT FULL LEGAL NAME: _____

SPOUSE/ ADD'L. ACC. HOLDER FULL LEGAL NAME: _____

ADDITIONAL APPLICANT WILL HAVE ACCESS TO THE ACCOUNT INFORMATION AS WELL AS RESPONSIBILITY FOR PAYMENT

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT #: _____ SOC SEC#: _____ ADD'L SOC SEC#: _____

Contact numbers are important in the event of a leak or service outage.

E-MAIL WATER BILL: YES ___ NO ___ E-MAIL ADDRESS: _____

Have you or anyone living in the household ever been on the Pennington Gap water system? YES ___ NO ___

Do you or anyone living in the household currently owe a water bill to any water system? YES ___ NO ___

Applicant Signature Date: _____

Additional Applicant Signature Date: _____

OFFICE USE _____

Previous acct. YES ___ NO ___ Balance _____ Prev. Account # _____ Set up ___ Status ___

Billing method ___ Deposit ___ Town Representative _____