



(NEED COPY OF PHOTO ID) OR  
ATTACH TO BACK

**TOWN OF PENNINGTON GAP  
WATER/SEWER SERVICE APPLICATION**

ACCOUNT # \_\_\_\_\_

METER ID: \_\_\_\_\_ METER READING \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

BUSINESS: Y\_\_\_N\_\_\_ IN-TOWN\_\_\_OUT\_\_\_

METER DEPOSIT \_\_\_\_\_ (refund 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 10<sup>th</sup> of each month, or my service may be disconnected for non-payment. **Deposit = In Town - \$175 + \$62.50 Connect Fee; Out of Town - \$150 + \$125 Connect Fee.**

In order to **resume** service, **the bill plus a \$125 reconnect fee must be paid in full.**

The town mails bills the last week of each month, should one not be received in the mail, I am still responsible for payment by the due date. Payment may be made online or by phone, dropped in the curbside box or mailed.

No other persons owing the Town of Pennington for utilities shall live at this service address. Service will be disconnected unless all persons living at this address have paid their bill in full.

APPLICANT NAME: \_\_\_\_\_

SPOUSE/ ADDITIONAL ACCOUNT HOLDER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

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**

\_\_\_\_\_  
Town Representative Previous acct. YES\_\_\_ NO\_\_\_ Balance \_\_\_\_\_

Prev. Account # \_\_\_\_\_ Set up \_\_\_ Status \_\_\_ Deposit \_\_\_\_\_