



Spotsylvania County Utilities/Public Works Water/Sewer Application

Please complete and return to:
Department of Utilities/Customer Service
600 Hudgins Road, Fredericksburg, VA 22408
Phone: (540) 507-7300 (Option 1), Fax: (540) 486-5955
E-Mail: CUSTOMERSERVICE@SPOTSYLVANIA.VA.US
Office Hours: Monday – Friday 8:00am – 4:30pm

INTERNAL USE ONLY: (Rev:180507)

CUSTOMER ID: _____

LOCATION ID: _____

ACCURINT VERIFIED: YES NO

DMV VERIFIED: YES NO

PLEASE PRINT

Service Address: _____

STREET

CITY

STATE

ZIP

Billing Address: (if different from Service Address): _____

STREET

CITY

STATE

ZIP

REQUESTED START DATE: _____ **-OR-** REQUESTED STOP DATE: _____

Please allow at least one (1) business day for processing of application. Starting or stopping services are scheduled during business hours, Monday-Friday only.

If you are starting service, ARE YOU: RENTING* BUYING OWN****

*If renting, please provide the valid and current lease agreement with the landlord(s) and the tenant(s) signatures (required). All tenants, above the age of 18, listed on the lease agreement must provide the applicant information below. **If you are buying or own the property, all parties listed as property owners must provide the information below.

If more than two (2) parties are listed as tenants or as property owners, please use a second application to provide the necessary information below.

1st Applicant Name _____ Phone # _____ E-Mail _____
First Middle Last

Social Security # _____ or Driver's License # _____ State Issued in _____

2nd Applicant Name _____ Phone # _____ E-Mail _____
First Middle Last

Social Security # _____ or Driver's License # _____ State Issued in _____

For Business Applicants Only:

Business Name _____ Business Federal Tax ID # _____

Name and Title of Person Responsible for Payment _____

Phone # _____ Fax # _____ E-Mail _____

Are you authorized to legally indebt this business? yes no. If not, who is? _____

Have any applicants had service with the Spotsylvania County Utilities department before? Yes No,
If yes, please list property address or addresses:

If currently at this address, do you wish to terminate service? Yes[] No[]

Requested Termination Date: _____

By signing this form, I hereby agree to be liable for, and to pay the charges for, the water and sewer services consumed at the service address identified herein; and further certify that the information I have provided is true and accurate to the best of my knowledge.

1st Applicant _____ Printed Name _____ Date _____
Signature

2nd Applicant _____ Printed Name _____ Date _____
Signature