TOWN OF HAMILTON

PO Box 130, Hamilton, VA 20159 (540)338-2811

Water/Sewer
Application for Service

○ Residential Account or ○ Commercial Account Effective Date of Service: ____/____/____
(Check one)

○ **Water Only** ○ **Sewer Only** ○ **Water & Sewer** ○ **In Town** ○ **Out of Town**
(Check One) **(Check One)**

Full Name(s): _____ Last 4 of SSN : _____
(OR FEIN)
_____ Last 4 of SSN: : _____

Location of Residence or Business:_____

Mailing Address: _____ Phone #: (_____)_____

_____ Phone #: (_____)_____

Email Address: _____ @ _____ . _____

Purchasing Property From: _____

Will you RESIDE in the property?
Provide tenant's name if a rental unit: _____

» »

Office Use Only

DATE OF APPLICATION: ____/____/____ **New Acct #** __ __ __ __ __ __ __ . __ __ __ __

STAFF INITIALS: _____ New acct set-up _____

Work order for read submitted _____

Final Read _____ ____/____/____

$25.00 New Acct Fee Billed? _____

Previous Name: _____

Account # __ __ __ __ __ __ __ . __ __ __ __

Final Billing Date: ____ / ____ / ____

Final Reading: _____ DONE ___