TOWN OF RICHLANDS

200 WASHINGTON SQUARE
RICHLANDS, VA 24641

PHONE
276-964-2566
FAX
276-963-2889

Town of Richlands, Virginia Utility Service Request Form

Instructions: Please complete all applicable sections of this form to request connection or disconnect of water, wastewater, and/or power services. Return the completed form to the Town of Richlands Town Hall.

SECTION 1: ACCOUNT INFORMATION

- **Requesting Party (Check One):**
  - ☐ Property Owner
  - ☐ Tenant

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Social Securty #: _____ **Date Of Birth:** _____ **Email:** _____

Others in Home: _____ **Social Security #:** _____ **Date Of Birth:** _____

Service Address: _____ **Mailing Address:** _____

Date of Request: _____ **Phone Number:** _____

Others to Receive Account Info: _____ **Date Of Birth:** _____

Federal/State ID #: _____ **Phone Number:** _____

Have you or others in your home ever resided in Richlands? _____

SECTION 2: SERVICE REQUEST TYPE

- **Service Type (Check All that Apply):**
  - ☐ Commercial Use
  - ☐ Residential Use
  - ☐ Water
  - ☐ Wastewater (Sewer)
  - ☐ Power, Bagged Trash, Bulk Trash
- **Request Type (Check One):**
  - ☐ Connect Service (New Account)
  - ☐ Disconnect Service (Closing Account)
  - ☐ Temporary Disconnect/Reconnect (e.g., for repairs)
  - ☐ Other (Please specify): _____

SECTION 3: APPLICANT DECLARATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in refusal or termination of utility services. I agree to

abide by all Town of Richlands ordinances, policies, and regulations regarding utility services.

For Connect Service Requests: I understand that a deposit may be required before service can be connected.

For Disconnect Service Requests: I understand that I am responsible for all charges incurred until the requested disconnection date.

SECTION 4: ACKNOWLEDGMENT AND AUTHORIZATION

I, the undersigned, certify that I am the owner of the property located at the service address provided above. I hereby request the Town of Richlands to initiate or terminate utility services as indicated in this form. I understand that I am responsible for all charges incurred until the effective disconnection date (if applicable) and for adhering to all Town ordinances and policies regarding utility services. I hereby give notice that I have been made aware that the bills are due on a monthly basis. Upon a set day, a late charge will be assessed if payment is not received. If payment is still not received by a cut-off deadline, service will be terminated. I am also aware that these dates are posted on all monthly bill cards. If either of these dates fall on a Saturday, Sunday, or a holiday, it will move the late or cut-off date until the next following business day. I have read and understand all of the above billing information.

Owner/Tenant Name (Printed): _____ **Date:** _____

Owner/Tenant Name (Signature): _____ **Date:** _____

*This form must be accompanied by a copy of a legal state issued ID/Driver's License or Social Security Card issued by the Social Security Administration to prove the identity of applicant. *

SECTION 5: OFFICE USE ONLY

Account Number: _____

Town Hall Employee Approval: _____

Date Sent to Utility Directors: _____