



Town of Vinton

Water/Sewer Application

Date of Request _____

ACCOUNT NO. _____

NAME ON ACCOUNT:

First Name: _____ Middle Initial: _____ Last Name: _____

SERVICE LOCATION: _____

Vinton, VA 24179

BILLING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS:

Address: _____
 City: _____ State: _____ Zip: _____

SCHEDULED START DATE: _____ (24 HR NOTIFICATION REQUIRED)

(MONDAY THRU FRIDAY NON-HOLIDAY DATES FOR SERVICE hours 8 am - 2 pm)

OFFICE USE ONLY
 READ BY: _____ DATE READ: _____ Posted by: _____

METER #: _____ METER #1: _____

*ACTIVATION FEE OF **\$25.00** (billed on first billing)

TYPE OF SERVICE: Residential Business Rented Owned

SSN/FED ID: _____ Drivers License No.: _____ (copy needed for individuals)
 Home Phone Number: _____ Office Phone Number: _____
 Cell Phone: _____ Email Address: _____

JOINT ACCOUNT INFORMATION: (if applicable)

Name: _____
 SSN: _____ Drivers License No.: _____ (copy needed for individuals)
 Home Phone Number: _____ Office Phone Number: _____
 Cell Phone: _____ Email Address: _____

PREVIOUS SERVICE ADDRESS IN VINTON: (if applicable)

Address: _____

LANDLORD OR MANAGEMENT COMPANY INFORMATION : (if applicable)

Management Company: _____
 Phone Number: _____
 Landlord: _____ Address: _____
 Phone Number: _____

CURRENT EMPLOYER:

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____

SPECIAL INSTRUCTIONS: _____

SIGNATURE: _____