



THE TOWN OF
VINTON
VIRGINIA

Water/Sewer Application

ACCOUNT NO. _____

Date of Request _____

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)

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: _____

CURRENT EMPLOYER

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

SPECIAL INSTRUCTIONS: _____

I understand and acknowledge that I am entering into a binding legal contract with the Town of Vinton for water and/or sewer service subject to all applicable provisions contained in the Virginia code and Chapter 94 of the Town of Vinton Code of Ordinances. I also understand that I shall remit timely payments for service billed to my account and in the event that I fail to do so, the Town may discontinue service and I will be responsible for all penalties, interest, collection, and legal costs associated with the pursuit of my delinquent account. I agree to provide a forwarding address upon termination of service. I consent to the jurisdiction of the courts of Roanoke County, Virginia for any action filed against me as a result of money owed on my account.

SIGNATURE: _____

In Accordance with Town of Vinton, VA Identity Theft Prevention Policy as set by Federal Rule 16 CFR Part 681

OFFICE USE ONLY

READ BY: _____ **DATE READ:** _____ **Posted by:** _____

METER #: _____ **DEPOSIT:** _____

- * Residential Requirement:
 1. Landlord Authorization for Tenant Form
 2. Deposit as adopted in Rates & Charges Schedule for Water and Wastewater Service