

The County of Caroline, Virginia

Department of Public Utilities

12613 Mill Creek Rd, Ruther Glen, VA 22546 Office (804) 633-4390 Fax (804) 633-9558



PORT ROYAL WATER SYSTEM

Application for Water Service

Application Date:		Customer Number: Service Location Number:	
	Name(s)	Daytime T	Felephone No.
	Mailing Address		
	Social Security Number	Co-Applic	ant Social Security Number
	E-mail Address	Fax	
	Service (911) Address		
by the Town of Port Frules and regulations. notice is given in adfurther agreed that by times without any oth buildings or property Royal and Caroline C Ownership of service subject to jurisdiction for top of meter box. assessed. I agree that real property shall sig	The charges for water service wance and received by the Cathis contract authority is given er permit and further, that the nor the water therefrom resold ounty Public Utilities Departm pipe and/or meter herein befor of and control by the Town of It is agreed that if raising or such charges shall be a lien on this agreement even if it is to	e at the above address shall be paid at rates of the Town of Port Royal for all services renshall start with the installation of the water maroline County Public Utilities Department to the Town of Port Royal or their agent to have service furnished through these facilities in any manner and it is understood and agreement does not guarantee continuous service or reapplied for when installed is hereby vested for Port Royal or their designee. Applicant shallowering of meter is necessary after initial if such real estate owned by me served by such be used as rental property pursuant to Va. Coheld harmless in the event of a water breal	dered in accordance with its neter and shall continue until to disconnect service. It is nave access to its meter at all its shall not extend to other ed also that the Town of Port any specific water pressure. If in the Town of Port Royal, all furnish location of grades installation, a charge will be a water. All Owner(s) of the ode 15.2-2118.
Applicant's Signature	Print	Full Name	Date
Co Applicant's Signature	Print	Full Name	Date
Utility Deposit: \$1	00.00 per account		
Amount Paid \$	Type Payment:	Received By:	