



P.O. Box 209/6 East Pennsylvania Avenue  
Lovettsville, Virginia 20180  
(540) 822-5788

## WATER/SEWER SERVICE APPLICATION

Fee: \$100 (residential) \$200 (non-residential)

By seeking water service and or sewer service to the property identified below, the Applicant agrees to abide by and accept the conditions governing the use of the Town water supply and sewer treatment systems as adopted, and amended from time to time by the Town Council of the Town of Lovettsville. The Applicant acknowledges that the Town has established an Identity Theft Prevention Program that requires verification and protection of identifying information.

Service (Physical) Address: \_\_\_\_\_ Service start date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Billing Address: Street/P.O. Box: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service needed for: Water  Sewer  Both

Is this a new or existing water service? New  Existing

Do you own or rent/lease this property? Own  Rent/Lease

**Note to Renters:** The property owner's information and signature **MUST** appear on this application.

Property Owner's Name (if not the same as the applicant): \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

**Deposit:** A deposit fee of \$100.00 (residential) or \$200 (non-residential) must be paid before service will be transferred to a new account name. *Deposit will be applied towards final bill upon termination of account.*

Date Deposit Paid: \_\_\_\_\_ Cash  Check  M.O.  Check # \_\_\_\_\_

**SIGNATURE REQUIRED:** The Town of Lovettsville provides water and sewer service to the owners of properties in accordance with the provisions of the Code of the Town of Lovettsville. Even if the property is rented or leased and the tenant is expected to pay for these services, the ultimate liability for payment of water charges and associated sewage charges remains with the owner. The property owner must, in all cases, sign this application.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### -FOR OFFICE USE ONLY-

Identification Verified: Drivers License  Passport  Other  Name: \_\_\_\_\_

Commercial Accounts: Has business license been issued? Yes  No  N/A

Will plumbing/fixtures be modified? Yes  No  N/A

If new construction, have required fees been paid? Yes  No  N/A

Has an Occupancy Permit been issued for the Service Address? Yes  No  N/A

*If no: Hold for Zoning Administrator's Approval:*

Town Treasurer's Approval: \_\_\_\_\_

Date Account Established in System: \_\_\_\_\_ Meter # \_\_\_\_\_