



APPLICATION FOR WATER AND/OR SEWER SERVICE

**SERVICE WILL BE TURNED ON THE NEXT BUSINESS WORKING DAY*

Application Date: _____

Date Service To Begin: _____ Location: _____

Name: _____

Mailing Address: _____

Who is responsible for bill? _____

Social Security Number: _____ Driver's License Number _____

Have you had water/sewer in your name before? _____ If so, where? _____

Credit references: 1) _____

2) _____

Number of people to live at residence: _____

Place of employment: _____

Contact Information: Home: _____ Work: _____ Cell: _____

Email Address: _____

TERMS AND CONDITIONS

The Halifax County Service Authority agrees to provide water and/or sewer service to the point of the water meter and/or point of entry to the sewer main and to use reasonable care in doing so. This service is to begin after the proper deposit has been paid at the Halifax County Service Authority office. Any problems occurring on the customer's side of the meter and/or the tap will be corrected by the customer at the customer's expense. Unauthorized tampering with the Service Authority's system is subject to a \$200.00 fine.

Bills for residential service cover a two-month period, while services requiring a meter size exceeding one inch are billed monthly. Both types of billings are due to be paid by the 20th of the month, after which a second notice is mailed and a 10% penalty is added. Should the bill remain unpaid after 7 more days, a cut-off list is prepared, an additional \$40.00 non-payment fee will be added to the bill, and actions begin to terminate service. Service will remain off until the total bill plus all penalties are paid in full. After payments are received during normal working hours in the HCSA office, service will be reinstated as soon as possible by the Service Authority during normal working hours only.

I have read and fully understand the preceding and hereby agree to the terms and conditions.

FOR SERVICE PROBLEMS CALL:

434-575-4240 between the hours of 8:30 am. – 5:00 p.m. (Monday – Friday)

434-222-7798 after normal working hours.

Signed: _____

Account Number _____

Witness: _____

Deposit Amount _____

The Halifax County Service Authority is an Equal Opportunity Provider. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410

STATISTICAL INFORMATION (OPTIONAL)

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal government, acting through Rural Development of USDA, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. It is for monitoring purposes only. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

RACE: - Black - Hispanic - Asian/Pacific Islander
 - American Indian/Alaskan Native - White - Other

SEX: - Male - Female