

**APPLICATION FOR WATER-SEWER SERVICES**  
**Town of Smithfield**  
**Public Utilities**  
P.O. Box 246, Smithfield, VA 23431, Phone: (757) 365-4200

I hereby apply for and authorize the Town of Smithfield to place water and sewer service at:  
Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

PLEASE COMPLETE THE APPLICATION BELOW. APPLICATIONS ARE MANDATORY FROM CUSTOMERS. FAILURE TO COMPLETE APPLICATION IN FULL MAY RESULT IN REFUSAL OF SERVICE. THANK YOU FOR YOUR COOPERATION. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR BUSINESS OFFICE AT THE NUMBER LISTED BELOW.

Responsible Party #1:	Responsible Party #2:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Social Security #:	Social Security #:
Email address:	Email Address:
Employer:	Employer:
Employer's Address:	Employer's Address:
Work Phone #:	Work Phone #:

BUYING /OWN HOME: (YES) \_\_\_ (NO) \_\_\_ RENT: (YES) \_\_\_ (NO) \_\_\_  
A copy of your lease is required if renting. A scanned copy of your picture id is also required.  
IF RENTING: NAME OF LANDLORD (OR) AGENT HANDLING PROPERTY: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Landlord Phone #: \_\_\_\_\_

**\*\*\*\*Landlord SIGNED authorization form must be completed and returned PRIOR TO SERVICE CONNECTIONS- SEE ATTACHED. DO YOU RECEIVE NEED BASED LOCAL, STATE OR FEDERAL RENTAL ASSISTANCE?**  
 YES  NO

PREVIOUS TOWN WATER/SEWER CUSTOMER: (YES) \_\_\_ (NO) \_\_\_ IF YES, ADDRESS: \_\_\_\_\_  
DATES OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

**Emergency Contact:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

The undersigned, having completed this application, hereby certifies to the accuracy and truth of the information contained herein. The applicant hereby authorizes the Town of Smithfield to verify the correctness of this statement and obtain other information required to appraise this application. The undersigned fully understands that withholding or giving false information can be cause for termination of service by the town and can result in being charged for criminal offense as provided by state law. If applicant has an outstanding debt with any Town department, debt must be paid in full prior to any new connections

I or We, the undersigned as signatory/signatories, to the mortgage/lease agreement for the above referenced property herby acknowledge and agree that the information provided on this application is true and correct. I or We, hereby accept the personal responsibility of my/our water/sewer bills to the Town of Smithfield, guaranteeing full payment of the account. Services may be disconnected if not paid in full by due date and a new deposit will be required before services are restored. Water may be disconnected immediately upon notice of any dishonored payment.

\*Responsible Signature #1: \_\_\_\_\_ Responsible Signature #2: \_\_\_\_\_  
\*Date \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

New Account Fee (\$28 Non-Refundable) \$ \_\_\_\_\_  
Water Deposit (\$) \$ \_\_\_\_\_  
Sewer Deposit (\$) \$ \_\_\_\_\_  
Total Payment \$ \_\_\_\_\_

Paid by: ___ Check # _____ ___ Money Order ___ Cash ___ Credit Card _____  Receipt # _____
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