	APPLICATION FOR WATER, SE iust be verified in person, as well as	
VIRGINIA Name on Account:	Service Activation Date:	ast Name
Physical Address:		Grottoes, VA 24441
Mailing Address (If d	lifferent than above):	
Driver's License Num	ber of Account Holder:	
Social Security Numb	er of Account Holder (last four digits only):	
Date of Birth /	/ Age (optional)	65+ receive discount
Phone: Home	Work Cel	11
Do you rent or own?	New Construction Y	YES NO
If you rent, from who	m: Phone #	
Address		Verified by

To have bill emailed, please send an email to <u>utilities@ci.grottoes.va.us</u> with your service address in the subject. You will not receive a paper copy—bills are emailed approximately the first of the billing month. *Terms/ Conditions:*

Deposit - Cash/Check preferred. Cards accepted, 3% convenience fee applies. Your deposit will either be refunded or applied toward your last billing after notification of moving. A forwarding address is required to receive your deposit. If you move, you are still responsible to pay for services rendered through your move date.

• *Bills* - Your water/sewer bill is mailed the 5th day of the odd months and due the 5th day of the even months. If your bill is not paid by the 5th you will receive a second notice that will have a 10% penalty added to it. <u>If you do not pay this bill by the required date, your services will be disconnected</u>. If your services are disconnected there will be a \$35.00 reconnection fee during business hours M-F 8:00 am – 5:00 pm. After hours and holidays there is a \$70.00 reconnection fee. There is a \$30.00 return check charge. *Failure to receive bill does not relieve your obligation to pay*. Online payments can be made at <u>www.TownofGrottoes.com</u> (Be sure to select UTILITY BILLS)

• Trash Collection - If avail., trash services are included in your water/sewer bill. Trash will be collected in cans or dumpsters provided by Waste Management. Only trash <u>inside</u> of the receptacle will be collected. Collection will be on Thursdays. Trash MUST be out by 6:00 A.M. of your schedule pick-up day. National Holidays or inclement weather may affect the routine schedule. Please follow us on Facebook or the Calendar on the website for updates.

All of the information I have provided above is true and accurate. I understand that providing false information may leave me subject to criminal penalty. I have read, understand, and agree to the terms and conditions listed above.

	BILLI	NG SCHED	ULE		For Town Office Use Only:
	Billing Period	1st Bill	Billed	Due	ID verified? Yes No Initials:
Signature	6/15 - 8/15		9/5	10/5	
	8/15 - 10/15		11/5	12/5	Form of ID? Driv Lic Soc Sec Other
	10/15 - 12/15		1/5	2/5	Account number:
Date	12/15 - 2/15		3/5	4/5	
Date	2/15 - 4/15		5/5	6/5	Deposit Amount: \$150.00 (<i>\$75.00 limited svc</i>)
	4/15 - 6/15		7/5	8/5	Payment: Cash Check #