



TOWN OF URBANNA
Post Office Box 179
Urbanna, Virginia 23179
WATER SERVICE AGREEMENT

Print Name _____ SSN _____

Property Address _____

() Property Owner () Tenant If Tenant, Owner's Name _____

Mailing (Billing) Address: _____

Day Phone () _____ Evening Phone () _____

Cell Phone () _____ E-Mail _____

I hereby apply to the Town of Urbanna (herein known as "Town" for water service. I understand:

- That such service is to be provided subject to the rules, regulations, ordinances, terms and conditions as may be established now or in the future by the Town. I agree to provide a current mailing address and inform the Town in writing of any changes.
- I agree to pay and all fees and charges associated with provision of such service in accordance with the rules, regulations, ordinances, terms and conditions as may be established now or in the future by the Town.
- I understand that my water service may be discontinued for any of the following reasons:
 - Nonpayment of water bill for sixty (60) days.
 - Tampering with service connections.
 - Failure to permit inspection of service connections or meter readings or interference or obstruction of the Town in rendering service or repairs.
 - Noncompliance with any provision of Chapter 15.1 of the Urbanna Town Code (1973), as amended, relating to water and water utility service.
- I further agree to pay any and all cost incurred by the Town including attorney fees, collection agency fees, and post-judgment interest at a rate of 12% (twelve percent) in the event the Town incurs any costs collecting any past due amount on my account.

Tenants are required to submit a security deposit. Deposits are returned upon payment in full of the final bill.

Deposit requirements: Residence - \$225.00, Out-of-Town Residence - \$110.00,
 Restaurant - \$1,000.00 Commercial Other Than Restaurant - \$500

 Date

 Signature of Applicant

EMERGENCY NOTIFICATION SERVICE – URBANNA OFFERS A NOTIFICATION SERVICE TO CUSTOMERS TO INFORM IN THE EVENT OF WATER OUTAGES AND OTHER PUBLIC SERVICE MESSAGES. IF YOU WOULD LIKE TO UTILIZE THIS SERVICE, PLEASE CHECK THE YES BOX

Yes, please place me on the notification list.

Office Use

Deposit Amount _____ Receipt No. _____ Date Received _____



PROPERTY OWNER AUTHORIZATION FOR NEW TENANT

Property Information

Property/Service Address: _____

Date Lease Effective: _____

Provider Information

Water Services: Provided by the Town of Urbanna – 390 Virginia St., Suite B, Urbanna, VA 23175

Sewer Services: Provided by Hampton Roads Sanitation – P.O. Box 71092, Charlotte, NC 28272

Payments mailed to: HRUBS, PO Box 37097, Boone, IA 50037

Tenant Information

New Tenant(s): (please list the full names of all tenants on the lease for the property)

Print Name(s):

Social Security Number:

Address:

Owner Authorization to waive the security deposit requirement from the tenant due to the tenant's receipt of rental assistance from local, state, or federal agencies. *****Supporting documentation must be provided and attached to this authorization form.*****

Property Owner Information

Property Owner(s): _____

Mailing Address: _____

Social Security Number: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Authorization

The above person(s) have entered into a lease for the above property and is/are authorized to obtain water and sewer services at this address from the Town or Urbanna and/or its agent as my tenant/tenants.

(Signature of Property Owner (s)

(Date)