



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

Effective Date: _____

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.

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 _____