CITY OF HARRISONBURG

APPLICATION FOR UTILITY SERVICES

2155 Beery Rd
Harrisonburg VA 22801
540-434-9959
540-434-9769 fax

**** FOR OFFICE USE ONLY****

DEPOSIT PAID $_____CK#_____CASH

LANDLORD Y OR N

JMU UDAP NUMBER: _____

Residents requiring water, sewer, and trash service may complete this service application online and forward it to the City of Harrisonburg/Public Utilities at the above address or submit via email to **WaterService@harrisonburgva.gov**. ***All applications must be submitted along with a letter of credit or security deposit, which will be applied to your account upon receipt of (12) twelve consecutive on time payments, or refunded upon account closure ,(we reserve the right to apply deposit as final payment as necessary).*** The City of Harrisonburg does *not* pay interest on deposits. For questions or details please visit www.harrisonburgva.gov.

The City of Harrisonburg Public Utilities conducts business in accordance with the City Ordinance (Title 7 Chapters 1-5).

DO NOT WRITE ABOVE THIS LINE **ACCOUNT NUMBER**: _____

PLEASE PRINT

NAME: _____ _____ _____
LAST FIRST MI

SERVICE ADDRESS: _____SERVICE START DATE: _____

Check One: **OWNER** **TENANT** **LANDLORD** **PROPERTY MANAGER**

MAILING ADDRESS: _____ _____ _____ _____
(IF DIFFERENT) CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ ALT PHONE: _____

DATE OF BIRTH: _____ LAST 4 OF SSN: _____

_____ _____ _____
DRIVERS LICENSE NUMBER STATE EXPIRATION

Passport / (Government Issued ID): _____ Exp: _____

EMPLOYER:_____

PERMISSION TO DISCUSS ACCOUNT WITH: _____

FOR INTERNET / ONLINE PAYMENT OPTION AND AUTOMATIC PAYMENT DRAFT:

PAPERLESS BILLING:
Check Box: **Y**

EMAIL ADDRESS: _____

PIN #: _____ (4 to 8 alphanumeric digits)

AUTOMATIC PAYMENT DRAFT:
Check Box: **CHECKING** **SAVINGS** **NOTE: ACH CANCELLATION REQUIRES NOTICE 10 DAYS IN ADVANCE**

ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

I understand that I am responsible for collection and legal costs associated with pursuit of any delinquent account. I further recognize that to provide a forwarding address upon termination of service may avoid the above costs.

I hereby consent to the jurisdiction of the courts of Rockingham County over any action filed against me for the collection of my account. The undersigned agrees and recognizes that by signature they enter into contract bound by City Ordinance Title 7 Chapters1-5 and are obligated to monthly payments.

SIGNATURE: _____ DATE: _____