



**TOWN OF RICHLANDS**  
**200 WASHINGTON SQUARE**  
**RICHLANDS, VA 24641**

**PHONE**  
**276-964-2566**  
**FAX**  
**276-963-2889**

I, \_\_\_\_\_ (Property Owner) will be renting/leasing a property  
located at \_\_\_\_\_

to \_\_\_\_\_ (Tenant) and request to have

the following utilities to be (Check all that apply)

- ☐ [ ] Turned On
- ☐ [ ] Turned Off
- ☐ [ ] Water
- ☐ [ ] Wastewater (Sewer)
- ☐ [ ] Power, Bagged Trash, Bulk Trash

I, the undersigned, certify that I am the owner of the property located at the service address provided above. I hereby request the Town of Richlands to initiate or terminate utility services as indicated in this form. I understand that I am responsible for all charges incurred until the effective disconnection date (if applicable) and for adhering to all Town ordinances and policies regarding utility services. I hereby give notice that I have been made aware that the bills are due on a monthly basis. Upon a set day, a late charge will be assessed if payment is not received. If payment is still not received by a cut-off deadline, service will be terminated. I am also aware that these dates are posted on all monthly bill cards. If either of these dates fall on a Saturday, Sunday, or a holiday, it will move the late or cut-off date until the next following business day. I have read and understand all of the above billing information.

**Property Owner Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Contact Telephone Number:** \_\_\_\_\_

**\*This form must be accompanied by a copy of a legal state issued ID/Driver's License or Social Security Card issued by the Social Security Administration to prove the identity of applicant. \***

**Verified Property Owner Information: (Employee):** \_\_\_\_\_ **Date:** \_\_\_\_\_