



# TOWN OF RICHLANDS

200 WASHINGTON SQUARE  
RICHLANDS, VA 24641

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

## Town of Richlands, Virginia Utility Service Request Form

**Instructions:** Please complete all applicable sections of this form to request connection or disconnect of water, wastewater, and/or power services. Return the completed form to the Town of Richlands Town Hall.

### SECTION 1: ACCOUNT INFORMATION

- **Requesting Party (Check One):**

- ☐ [ ] Property Owner
- ☐ [ ] Tenant

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Others in Home: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Service Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Others to Receive Account Info: \_\_\_\_\_ DOB: \_\_\_\_\_

Federal/State ID #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you or others in your home ever resided in Richlands? \_\_\_\_\_

### SECTION 2: SERVICE REQUEST TYPE

- **Service Type (Check All that Apply):**

- ☐ [ ] Commercial Use
- ☐ [ ] Residential Use
- ☐ [ ] Water
- ☐ [ ] Wastewater (Sewer)
- ☐ [ ] Power, Bagged Trash, Bulk Trash

- **Request Type (Check One):**

- ☐ [ ] Connect Service (New Account)
- ☐ [ ] Disconnect Service (Closing Account)
- ☐ [ ] Temporary Disconnect/Reconnect (e.g., for repairs)
- ☐ [ ] Other (Please specify): \_\_\_\_\_

### SECTION 3: APPLICANT DECLARATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in refusal or termination of utility services. I agree to abide by all Town of Richlands ordinances, policies, and regulations regarding utility services.

**For Connect Service Requests:** I understand that a deposit may be required before service can be connected.

**For Disconnect Service Requests:** I understand that I am responsible for all charges incurred until the requested disconnection date.

### SECTION 4: ACKNOWLEDGMENT AND AUTHORIZATION

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.

**Owner/Tenant Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner/Tenant Name (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*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. \***

### SECTION 5: OFFICE USE ONLY

Account Number: \_\_\_\_\_

Town Hall Employee Approval: \_\_\_\_\_

Date Sent to Utility Directors: \_\_\_\_\_