

The Russell County Public Service Authority

Castlewood Division

PO Box 2679 Lebanon, Virginia 24266 276-762-5411

CONTRACT FOR WATER/SEWER SERVICES

CUSTOMER NAME _____
911 / SERVICE ADDRESS _____
BILLING ADDRESS _____ CITY _____ ZIP _____
HOME/CELL PHONE _____ WORK PHONE _____
SSN _____ DRIVERS LICENSE NUMBER _____
PLACE OF EMPLOYMENT _____ WORK # _____
*COAPPLICANT _____ SSN _____
EMAIL ADDRESS (OPTIONAL) _____
CLOSEST RELATIVE _____ RELATION _____
CONTACT PHONE NUMBER FOR RELATIVE _____

BY SIGNING THIS CONTRACT, I UNDERSTAND THAT SERVICE BILLS ARE DUE ON THE 10TH OF EACH MONTH TO AVOID 10% PENALTY. BILLS OVER 15 DAYS BEHIND WILL BE DISCONNECTION WITHOUT NOTICE. DISCONNECTION SHOULD BE REQUESTED 3 DAYS (72 HOURS) PRIOR TO THE DATE NEEDED. THE FINAL BILL AND/OR REFUND WILL BE SENT TO YOUR CURRENT ADDRESS UNLESS OTHERWISE SPECIFIED. ANY AND ALL AMOUNT LEFT IN DELINQUENT STATUS FROM DISCONNECTION DATE WILL BE COLLECTED THROUGH LEGAL MEANS AS NECESSARY. I AGREE TO PAY 10% MONTHLY PERCENTAGE RATE ON THE DELINQUENT BALANCE; AND AGREE TO ASSUME RESPONSIBILITY FOR ANY AND ALL LEGAL FEES AND/OR ATTORNEY FEE NECESSARY TO COLLECT THE WATER BILL. I UNDERSTAND THAT UPON DISCONNECTION, I WILL BE RESPONSIBLE FOR ANY UNPAID BALANCE ON THE ACCOUNT. ALL RENTERS (LAND OR HOME) ARE REQUIRED TO PAY A DEPOSIT OF \$150.00, A TRANSFER/CONNECTION FEE OF \$50.00 AND A VIRGINIA ASSESSMENT FEE OF \$2.95 ONCE A YEAR. DEPOSITS DO NOT APPLY TO THE PURCHASE OF A HOME, INCLUDING LAND, AND DOCUMENTATION PROVIDED FOR PROOF OF PURCHASE. WHEN APPLICABLE, DEPOSITS ARE HELD UNTIL THE PROPERTY IS VACATED. AT THE TIME OF DISCONNECTION, THE FINAL BILL WILL BE DEDUCTED FROM THE DEPOSIT AND A REFUND IS ISSUED OR A FINAL BILL IS MAILED TO REQUEST PAYMENT FOR THE BALANCE. BY SIGNING BELOW, YOU ACCEPT THE TERMS, CONDITIONS AND REQUIREMENTS OF THE CASTLEWOOD WATER AND SEWAGE AUTHORITY AND ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THIS CONTRACT.

CUSTOMER SIGNATURE _____ DATE _____
CO-APPLICANT SIGNATURE _____ DATE _____

CUSTOMER (INITIAL) FOR ACKNOWLEDGEMENT OF RECEIPT OF COPY OF CONTRACT
CUSTOMER _____ CO-APPLICANT _____ (IF APPLICABLE)

THIS IS FOR OFFICE USE ONLY

PAYMENT TYPE () CASH () CHECK # _____ () CREDIT CARD # _____
AMOUNT RECEIVED _____ RECEIPT # _____
CLERK _____ PAYMENT DATE _____