



TOWN OF PENNINGTON GAP

ACCOUNT # _____

METER ID: _____

METER READING: _____

APPLICATION FOR WATER/SEWER SERVICE

SERVICE ADDRESS: _____

I, the undersigned, do hereby agree to the rates applied by the Pennington Gap water system and am aware that I am fully responsible for the service to be paid by the 10th of each month, or my service may be disconnected for non-payment. In order to resume service, the bill plus a \$125 reconnect fee must be paid in full. The town mails bills the last week of each month, should one not be received in the mail, I am still responsible for payment by the due date. Payment may be made online or by phone, dropped in the curbside box or mailed.

A meter deposit of _____, refundable upon termination of service, is required to begin service. Connection fee of _____ is not refundable.

No other persons owing the Town of Pennington for utilities shall live at this service address. Service will be disconnected unless all persons living at this address have paid their bill in full.

APPLICANT NAME: _____

SPOUSE/ ADDITIONAL ACCOUNT HOLDER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ SOCIAL SECURITY: _____

Have your or anyone living in the household ever been on the Pennington Gap water system? YES___ NO___

Do you or anyone living in the household currently owe a water bill to any water system? YES___ NO___

Applicant Signature Date: _____

Additional Applicant Signature Date: _____

OFFICE USE

Town Representative Previous acct. YES___ NO___ Balance_____

Prev. Account # _____ Set up ___ Status ___ Deposit _____