



City of Covington, Virginia

Central Accounting Office
 P.O. Box 900
 Covington, VA 24426
 (540) 965-6314

NAME		SOCIAL SECURITY NUMBER	SPOUSE'S NAME
SERVICE ADDRESS	MAILING ADDRESS	PROPERTY OWNED BY	
HOME TELEPHONE NUMBER	OWNER'S ADDRESS		
EMPLOYER'S NAME	BUSINESS PHONE NUMBER	OWNER'S PHONE NUMBER	

- TURN ON CUT OFF CHANGE OF ADDRESS CHANGE OF NAME & CODE NO.
 NEW ACCOUNT OWNER
 CHANGE MAILING ADDRESS NEW ACCOUNT RENTER DISCONTINUE SERVICE

DETAIL	CURRENT/ARREARS			DEPOSIT			OTHER	TOTAL
	WATER	SEWER	GARBAGE	WATER	SEWER	GARBAGE		
AMOUNT OF ORIGINAL CHARGE								
CORRECT AMOUNT TO BE PAID								
INCREASE CHARGE DEBIT AMOUNT								
DECREASE CHARGE CREDIT AMOUNT								

IN CONSIDERATION OF SERVICES PROVIDED BY THE CITY OF COVINGTON, THE APPLICANT AGREES TO PAY THE FOLLOWING CHARGES FOR THE

MONTH	WATER	SEWER	GARBAGE	TOTAL AMOUNT
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PER BILLING PERIOD THE CURRENT RATE WILL BE:

APPLICANT FURTHER AGREES TO PAY FOR ALL ABOVE SERVICES FURNISHED SAID PREMISES AT ANY NEW RATE HEREAFTER ESTABLISHED IN ACCORDANCE WITH THE CITY ORDINANCES GOVERNING WATER, SEWER AND GARBAGE CHARGES.

APPLICANT AGREES TO PAY A DEPOSIT IN ACCORDANCE WITH THE CITY ORDINANCES.

APPLICANT AGREES TO NOTIFY THE CITY WHEN MOVING FROM ONE ADDRESS TO ANOTHER IN THE CITY AND TO PAY ANY CHANGE OF ADDRESS CHARGE ESTABLISHED BY THE CITY COUNCIL.

APPLICANT WILL NOTIFY THE CITY WHEN SERVICE IS TO BE DISCONTINUED.

APPLICANT RECOGNIZES THE CITY'S RIGHT TO DISCONTINUE AT ANY TIME THE FURNISHING OF WATER, SEWER, AND GARBAGE SERVICES IF BILLS ARE NOT PAID AT THE PROPER TIME OR FOR VIOLATION OF ANY RULE GOVERNING WATER, SEWER OR GARBAGE.

EXPLANATION

APPLICATIONS TAKEN BY _____

APPLICANT'S SIGNATURE _____

APPROVED BY _____

DATE _____

ACCOUNTING SUPERVISOR