

PEMBROKE WATER / SEWER APPLICATION

Pembroke Town Office, P.O. Box 5, Pembroke, VA. 24136

Date _____

I, _____, applicant and _____ Co-applicant hereby make application for Water / Sewer Service from the Town of Pembroke. I/we agree that I/we will be responsible for all expenses incurred in accordance with the water/sewer department rules and regulations. Failure to comply may result in termination of service and distress forceful collection procedures will begin immediately. ***For your protection, you must notify The Town of Pembroke Office as soon as you move so that your meter can be read out and the water turned off. Until Notification is received in this office, any water used will be your responsibility. Your deposit could be forfeited.***

Previous (Old) Address: _____

(Applicant) Drivers License # _____ (Co-applicant) Drivers License # _____

(Applicant) Social Security # _____ (Co-applicant) Social Security # _____

Telephone Number: _____ Cell: _____

Own Rent Landlords Name: _____ Previous Occupant: _____

Mailing Address: _____ Physical Address: _____

(Applicant signature): _____
Signature of person responsible for this bill

(Co-applicant signature): _____
Signature of person responsible for this bill

If you are a renter and have a deposit for water service and you move out of Town your deposit will be applied to your bill first and then any amount left over will be refunded. If you do not owe a water bill, you will receive the total amount of the deposit.

For office use only

() Deposit Paid \$ _____

Location Number _____

Entered in the computer: ____/____/____

Meter Number _____

Sequence Number _____

Present Meter Reading _____

Deposit Entered _____

Previous Meter Reading _____

Date _____ Application Received by: _____