

APPLICATION FOR SERVICE WITH
THE SMYTH COUNTY WATER AND SEWER DEPARTMENT

121 Bagley Circle Suite 113 Marion, VA 24354
276-783-3298 ext. 265 or 272

Full Legal Name _____ Date service is to start _____

Full Legal Name _____ Owner _____

Service Address _____ Owner Physical Address _____

Telephone # _____ Email address _____

Work # _____ Place of Employment _____

Mailing Address (if different from service address): _____

Tax Map Id No. (if known) _____ Deed Book No. _____ Page No. _____

Service requested: Water _____ Sewer _____ Both _____

If Sewer only please list Water Provider _____

Type of User: Residential _____ Commercial _____ Industrial _____

If the property will be occupied by a tenant, please complete the following information:

Tenant Legal Name: _____

Mailing Address: _____ Physical Address _____

Telephone # _____ Place of Employment: _____

Work # _____ Email Address: _____

Written Lease Agreement? _____ Yes _____ No (if yes, please provide copy)

I hereby certify that the above information is true and complete. I understand and acknowledge that I am responsible for prompt payment of all water and sewer services billed by the Smyth County Water & Sewer Department.

User

STATE OF VIRGINIA AT LARGE:

The foregoing instrument was Acknowledged before
me in _____, Virginia, this _____ day
of _____, by _____

My commission expires _____

Notary Public

User

STATE OF VIRGINIA AT LARGE:

The foregoing instrument was Acknowledged before
me in _____, Virginia, this _____ day
of _____, by _____

My commission expires _____

Notary Public

For Office Use Only: Date Received: _____ Employee: _____

Acct No. _____ Book/ Sequence _____ / _____ BR: _____ Meter Reader _____

Previous Occupant: _____ Service No. _____