

**TENANT APPLICATION
FOR SERVICE WITH
THE SMYTH COUNTY WATER AND SEWER DEPARTMENT
121 Bagley Circle, Suite 113, Marion, Virginia 24354
(276) 783-3298 ext. 8328 or 8329**

Start Date _____ Account No. _____

Full Legal Name _____ SSN: _____

Spouse's Legal Name _____ SSN: _____

Service Address: _____

Mailing Address: (if different): _____

Email(s): _____

Telephone # _____ Work # _____

Place of Employment _____

Spouse's Place of Employment: _____

Landlord Name: _____

Landlord mailing Address: _____

Service Requested: Water _____ Sewer _____ Both _____

If Sewer only, please list Water Provider: _____

I (we) hereby certify that the above information is true and complete. I (we) understand and acknowledge responsibility for prompt payment of all water and sewer services billed by the Smyth County Water and Sewer Department and agree to comply with all ordinances of the Board of Supervisors concerning water and sewerage users.

Signature of Applicant(s): _____

Date: _____

City/County of _____ Commonwealth/State of _____

The foregoing instrument was duly signed and acknowledged before me this ____ day of _____, _____, by _____ and _____.

Notary Public

My commission expires:

Landlord Authorization Form

Deposit- \$150 per requested service

Tenant Sponsor and Address: _____
Deposits are fully refundable upon termination of service if water/sewer bills are current. Refund will be mailed to address provided by tenant or to tenant's sponsor, if applicable. Revised July 11, 2014.

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

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

Previous Occupant: _____ Meter I.D. _____ Service No. _____