

BUCHANAN COUNTY PUBLIC SERVICE AUTHORITY

PO BOX 30 VANSANT, VA. 24656
Telephone:276-935-5827 Fax:276-935-2400

Application for Service

Acct # _____

Name _____ Telephone _____

Mailing Address _____

Service / 911 Address _____

E-Mail _____ Property Owner _____

Social Security# _____ Driver's License# _____

Bill Preference: Paper Bill _____ E-mail _____ Date of Birth: _____

Service Applied For: Water _____ Sewer _____

Type of Dwelling: House _____ Mobile Home _____

Apartment _____ Other _____

Location: _____

Last Resident at this Location: _____

Have you received prior service from our agency? Yes _____ No _____

If yes, please specify approximate date of service: _____ and

Location of service: _____.

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. In consideration for my service, I agree to comply with the Rules and Regulations of the Buchanan County Public Service Authority.

Signature

Date

Office Use: WUA _____ SUA _____ SD _____