

# Buchanan County Public Service Authority

PO Box 30 Vansant, VA 24656  
Telephone: 276-935-5827 Fax: 276-935-2400

## Application for Service

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Service/911 Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Property Owner \_\_\_\_\_

Social Security# \_\_\_\_\_ Drivers License # \_\_\_\_\_

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 misrepresentation 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 \_\_\_\_\_