

Approved by: _____
Date: _____

Application for Service
Dinwiddie County Water Authority

Customer Information:

Name: _____ SSN#: _____

D.O.B.: _____ Drivers License #: _____

Employer: _____

Co-Applicant: _____ SSN#: _____

D.O.B.: _____ Drivers License #: _____

Employer: _____

Service Address: _____

Billing Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

****It is very important that we have a current phone number so that we may contact you in case of any major water leaks that may occur on the above property.****

Property Owner: _____

Address: _____

Telephone: _____

Deposit Information:

Application Fee : _____ (non-refundable) Deposit required: _____

***Applicant Signature:** _____

***Co-Applicant Signature:** _____

Authority's Official Signature: _____