

Dinwiddie County Water Authority  
23008 Airpark Drive  
North Dinwiddie, Va. 23803-6926  
Tel. (804) 861-0998  
Fax (804) 861-4270

## **Policy for Opening an Account**

**If you OWN the property, you will need to provide the following information at the time of account set-up:**

1. Copy of the recorded Deed to the property– The account will be put in the owner(s)' name(s) listed on the deed.
2. Current Driver's license or other valid photo ID for each person on the account.
3. Social Security card or social security verification form for each person on the account.
4. \$25.00 non-refundable account set-up fee.
5. Dinwiddie County Water Authority application for service.
6. Each person on the deed must sign the application.
7. Owner(s)' Authorization Letter advising that a lien will be placed on the property if bill not paid. Must be signed by all owner(s).

**If you are RENTING the property, you will need to provide the following information at the time of account set-up:**

1. Owner(s)' Authorization for Water/Sewer Service in Name of Tenant(s).
2. Current Driver's License or other valid photo ID for each person on the account.
3. Social Security Card or Social Security verification form for each tenant.
4. \$25.00 Non-Refundable account set-up fee
5. Minimum of \$150.00 Security Deposit. This deposit is not interest-bearing, and any credit balance over \$5.00 remaining will be refunded after the final bill has been paid. (Deposit may vary based on previous account history of tenant with DCWA).
6. Dinwiddie County Water Authority application for service.
7. Each tenant must sign the application.
8. Owner(s)' authorization form (owner/tenant letter) advising that lien will be placed on the property if tenant does not pay the bill. Must be completed, signed, and dated by owner(s).

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APPLICATION FOR SERVICE  
DINWIDDIE COUNTY WATER AUTHORITY

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\*\*Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**\*\*It is very important that we have current phone numbers so we may contact you regarding any water emergency involving the above property.**

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Deposit Information:**

Non-refundable Account Set-up Fee: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date

\_\_\_\_\_  
Authority Employee's Signature Date

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**Social Security Verification Form**

Name: \_\_\_\_\_ (full legal name)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ (State)

Mother's Maiden Name: \_\_\_\_\_ (last name only)

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**OWNER(S)' AUTHORIZATION LETTER FOR INITIAL SERVICE**

Date: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Dinwiddie County Water Authority provided water and sewer services  
(date) \_\_\_\_\_  
to your real property designated by the current service address listed above.

Please be advised that a lien will be placed on that property in accordance with the law if said owner fails to pay all fees, rents or other charges when due for the Authority's services. The account will continue to accrue charges as long as those charges are not paid.

Signature: \_\_\_\_\_

Co-owner signature (if any): \_\_\_\_\_

Dinwiddie County Water Authority

By: \_\_\_\_\_

Date: \_\_\_\_\_

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OWNER(S)' AUTHORIZATION FOR WATER/SEWER SERVICE IN NAME OF TENANT

Date: \_\_\_\_\_

To: Dinwiddie County Water Authority  
23008 Airpark Dr  
North Dinwiddie, VA 23803

This completed form may be mailed or delivered to the Authority at the above address, sent by facsimile to (804) 861-4270, or scanned and emailed to *email@dcwa.org*.

Re: [Insert full name of all tenant(s) and address]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the Dinwiddie County Water Authority

The above tenant(s) has/have entered into a lease or rental agreement for the property located at the stated address and is/are authorized to obtain services at said address as a tenant of the undersigned, who are all the owner(s) of the property.

I/we understand that if the tenant does not pay the full amount of delinquent charges, with penalty and interest, within two months after the due date, a lien may be placed on the property if I/we do not then pay same within 30 days after notice to me/us. I/we request that, in lieu of mailing, notices and information be sent to me/us by facsimile to # \_\_\_\_\_ or by e-mail to \_\_\_\_\_.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Type or print name and address of owner:

Type or print name and address of owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_