

TOWN OF GORDONSVILLE

112 S. Main St.
 PO Box 276
 Gordonsville, VA 22942
 Phone: (540) 832-2233 Fax: (540) 832-2449
 www.townofgordonsville.org



Account # _____
 Work Order # _____
 Service Location # _____
 Final Bill Date _____

Final Bill Request Water, Sewer and Trash Service

Are you transferring to another location in the Town of Gordonsville? Yes No

If yes, please list address _____

I understand that by transferring to another property within the Town of Gordonsville, I must pay the current balance due Prior to obtaining water service at a new location. Any unpaid balance on this account will be transferred to the new account.

Service Disconnect Date: ____/____/____	Service Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
*Applicant Name:		SSN or FEIN #	
Co-Applicant Name:		SSN or FEIN #	

*Where premises are occupied by someone other than the owner, the account holder is responsible for authorizing disconnection.

Service Address:			
**Forwarding Address:			
Phone Number:	H)		C)
Email Address:			

****A forwarding address is REQUIRED in order to process deposit refunds****

You are responsible for all water/sewer bills incurred while residing at the above address. If applicable, once the renter's deposit is applied, there may be a final bill balance for which you are responsible. Should there be a credit balance remaining after the final bill is processed, a refund will be sent to the forwarding address listed above.

Applicant's Signature _____

Date _____

Print Name _____

---OFFICE USE ONLY---

Date Received: ____/____/____

Forwarding Address Entered

Received By: _____