



Remit with your check to:
 New Kent County
 Financial Services
 12007 Courthouse Circle
 Post Office Box 50
 New Kent, VA 23124
 (804) 966-9676

**PUBLIC UTILITIES
 TRANSFER EXISTING SERVICE - RESIDENTIAL WATER/SEWER**

Date of application: _____

Date transfer to begin: _____

Service Address:

Subdivision: _____

Name: _____
 SSN#/ID#: _____

Spouse: _____
 SSN#/ID#: _____

Billing address if different from service:

Employer Information:

Contact Number: _____

Business Number: _____

THIS APPLICATION SHALL SERVE AS THE CONTRACT BETWEEN THE COUNTY OF NEW KENT AND THE UNDERSIGNED. THE UNDERSIGNED AGREES TO PAY FOR ALL WATER USED, CONSUMED OR WASTED AND SEWAGE DISCHARGED AT THE ABOVE DESCRIBED PREMISES AT THE RATE ESTABLISHED BY THE BOARD OF SUPERVISORS. THE UNDERSIGNED FURTHER AGREES TO OBSERVE, COMPLY WITH AND BE BOUND BY ALL LAWS, ORDINANCES, RULES, REGULATIONS, TERMS AND CONDITIONS PRESCRIBED FOR AND RELATING TO THE USE OF WATER WHILE RECEIVING SERVICE.

BILLING CYCLES & CHARGES

BILLING PERIODS ARE QUARTERLY. MINIMUM CHARGES PER QUARTER ARE \$48.51 FOR WATER USE, \$67.38 FOR SEWER AND \$0 FOR IRRIGATION. BILLING PERIODS ARE: JAN - MAR; APRIL - JUNE; JULY - SEPT; OCT - DEC.

SPECIAL INSTRUCTIONS

NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE COUNTY IN WRITING WHEN MOVING FROM A SERVICE LOCATION TO RELIEVE YOU OF ANY FURTHER LIABILITY AND TO RECEIVE YOUR DEPOSIT REFUND IF DUE.

Transfer Fee: \$35.00 **POSTF**
 Deposit: \$50.00 **UT0000**
 Total Due: \$85.00

Make check payable to **New Kent County**

 SIGNATURE

FOR ACCOUNTING USE ONLY: (Effective 7/1/08)

CUSTOMER# _____

SERVICE LOCATION#: _____

PAID BY: CASH _____

CHECK# _____ MONEY ORDER _____