

Water Deposit Application

Town of Independence
PO Box 99, Independence, VA 24348

*In order to process your deposit through the mail, this form must be completed and returned to our office with a **DEPOSIT CHECK** in the amount of \$85.00 and a clear copy of driver's license or social security card. (Minimum for residential service based on household of 4, 5-9 \$110.00, 10+ \$125.00) Commercial service could be more.*

Date Service is to be started ____/____/____

First Name Middle Initial Last Name

S.S.N ____ - ____ - ____ or FED ID ____ - _____

Service Address

Mailing Address (If different from service address)

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____

Employed by Address

Spouse's Name SSN

OWN/RENT _____ (____) ____ - _____
Circle one Owner's Name If Renting Owner's Phone number

Number in household _____ Adults _____ Children _____

This service agreement and deposit is to guarantee the due payment of any indebtedness for any town service to the Town of Independence. This deposit shall be retained in escrow, without interest by the Town of Independence. It is expressly understood by the undersigned customer that the Town of Independence may to the extent necessary apply all or any part of this deposit at any time in satisfaction of said guarantee. The undersigned customer also agrees to comply with all rules and regulations governing Town services now in effect of those that may be hereafter established by the Town of Independence, VA. When service to the above customer at the stated address is permanently discontinued, and payment of all amounts due the Town of Independence are cleared, said service deposit shall be applied to the final billing and the remainder, if any, returned to the depositor. Should the above customer maintain a clear account for twenty-four consecutive months with no late payment, said service deposit will be applied to his/her account.

Customer Signature Date