

UTILITY DEPOSIT APPLICATION

Town of Independence
PO BOX 99
Independence, VA 24348

The minimum for residential serviced based on household of 4 is \$85.00, household based on 5-9 is \$110.00 and 10+ is \$125.00. Commercial service is \$125.00 and could be more based on the approval of the Town Manager.

DATE SERVICE IS TO BE STARTED ____ / ____ / ____

FULL NAME _____

SOCIAL SECURITY NUMBER ____ - ____ - ____

SERVICE ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ **WORK PHONE** _____

EMPLOYED BY _____
ADDRESS _____

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, OF 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 _____