Application for (please check all that apply):

- New Account
- Change of Address
- Name Change on Account
- Full Service Garbage
- Sign up for Low Volume Garbage (please complete the following)

# Persons in Household ______

Trash Volume Low Because of:  *Recycling Efforts_____ Small Household_____Other_____
If Other Please Explain:  

I hereby request a reduced garbage rate because I generate 32 gallons or less of trash every other week. I affirm that no more trash is generated (other than recyclables) by myself at this residence. All trash will be disposed of in accordance with State and local regulations. I will receive a trash pick-up once every two weeks and will have one bag or can (32 gal.) at that time. Any violation of this agreement will void the reduced rate and I will pay the normal rate at that time. I understand that I will not have free access to the landfill. Thus, there will be a charge for all items taken by me to the landfill.

*If recycling on the basis for the reduced rate request, you may be required to show volumes, location, dates, and material recycled in order to comply with the State regulations. Recycling applies only to items generated by your household.

PSA USE ONLY

Amount of Deposit ______________
Applicants Name (Please Print Full Name)                  Spouse (Please Print Full Name)
______________________________________________________________________________
Social Security Number                                                  Home Telephone Number
______________________________________________________________________________
Billing Address                                                              Work Telephone Number
______________________________________________________________________________
City/State/Zip                                                              Tax Map & Parcel Number
______________________________________________________________________________

**Please list complete directions to your home (road name, route number, etc): __________________________
______________________________________________________________________________

The Pulaski County Public Service Authority is hereby requested to supply water, sewer, and/or garbage collection service to the applicant. The applicant agrees to pay for all services received according to the monthly charges, meter readings and/or estimations and at the Pulaski County Public Service Authority rates. The applicant agrees to comply with the rules and regulations of the Pulaski County Public Service Authority.

1. Is the property to be served located at the above address?       YES       NO
2. Do you own the property in question?       ____YES       ____NO. If not, please have the property owner fill in the following information and sign due to code requirements as below.

Owner’s Name                                             Owner’s Telephone Number
______________________________________________________________________________
Address                                                Owner’s Signature
______________________________________________________________________________
City/State/Zip
______________________________________________________________________________

As required under the Code of Virginia, Section 15.2-5139, the above signature acknowledges that the owner has been notified of responsibility for payment of all delinquent bills less than 90-days past due. Delinquent payments for up to 90-days service are collectible through placement of a lien on the property. In an effort to protect the property owner from this liability, the following deposits are required where persons do not own the property to which service is being provided:

- Residential Garbage $45
- Residential Water $50
- Residential Sewer $50
- Commercial Garbage $100
- Commercial Water $100
- Commercial Sewer $100

3. Who is your employer: Name ______________________________
                      Address __________________________________________
Have you ever had water, sewer or garbage service by Pulaski County Public Service Authority?

_____ YES  _____ NO

If yes, when and at what location?

_____________________________

Date

_____________________________

Location

_____________________________

Account Number

4. Is the property currently being served by the Pulaski County Public Service Authority?

_____ YES  _____ NO

If yes, in whose name?

_____________________________

5. How many dwellings or businesses are to be served by this application?

_____________________________

6. Type of service requested:

Check one:

____ Residential

____ Commercial

Check all that apply:

____ Water

____ Sewer

____ Garbage (Check all that apply)

____ Curb Side Pick Up

____ Dumpster

____ Roll Off Container

“Caution – Please check water pressure for too low pressure to serve high elevations and for too high pressure warranting a pressure reducing valve” Section VR 355-18-012.10, Article 3.57 of Virginia Waterworks Regulations.

7. When will you want these services available? (Month/Day/Year)

_____________________________

I hereby certify that the above information is true and correct to the best of my knowledge:

_____________________________

Signature of Applicant

_____________________________

Date

_____________________________

Print Name
CROSS CONNECTION AND BACKFLOW PREVENTION REQUIREMENTS
In addition to the other PSA regulations, water service regulations include, but are not limited to, the cross connection and backflow prevention control ordinance which prevents any connection to the system supplied by the Pulaski County Public Service Authority from any other water source unless the method of connection and use of such system has been issued a permit approved by the Pulaski County Public Service Authority. This ordinance gives authorization for inspection of the applicant’s water system. Reference is given to the Cross Connection and Backflow Prevention Control Ordinance for a detail inspection and/or testing requirements.

NOTE: Customer may elect to provide individual meters or a master meter for projects serving multiple users. Customer should explore both options and billing rates for such connections.

1. If applying for water or sewer service, does this service require replacement of new water and/or sewer lines to be installed by the applicant to serve this property? _____ YES _____ NO

   If yes, give building permit number: ______________

   NOTE: A building permit must be issued for the installation of any water and/or sewer lines installed by the owner prior to the provision of service by the PSA. It is the responsibility of the applicant, owner or agent to acquire this permit.

2. Residential connections do not require a backflow preventer. However, a backflow preventer may be required for commercial and industrial connections. The county engineer must review this application and note type of backflow preventer which may be required. Backflow prevention required? _____ YES _____ NO

CONNECTION FEES:

Domestic water connection fee: $700
Domestic sewer connection fee: $700

Other connection fees to be determined on an individual basis.