

**PULASKI COUNTY PUBLIC SERVICE AUTHORITY
APPLICATION FOR SERVICE**

**P.O. Box 2116
101 Dublin Park Rd
Dublin, VA 24084**

**(540) 674-8720
Fax (540) 674-8733**

Application for (please check all that apply):

<input type="checkbox"/> New Account	Close An Account:
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Water
<input type="checkbox"/> Name Change on Account	<input type="checkbox"/> Sewer
<input type="checkbox"/> Sign up for Low Volume (please complete the following)	<input type="checkbox"/> Garbage

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.

Change Low Volume Account for One Year. Full Garbage (Disposal Permit)
 Make Account Final as of _____
 Transfer of Service to New Location as of _____
 Deceased

PSA USE ONLY

Amount of Deposit _____	Date Meter Set _____
Connection Fee _____	Meter Reading _____
Account Number _____	Estimated Monthly Usage _____

Are there any delinquent bills for this location or this applicant? Faxed on: _____

YES NO

Approved for Service: _____ Date: _____

(Low Volume)

This Information has been checked and a discount may be allowed for this account:

PSA Billing Supervisor _____	Truck # _____
PSA Collection Supervisor _____	Service Day (Circle One)
Fleet Maintenance Supervisor _____	M T W T F

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

***Service location (specific road name and 4 digit address numbers): _____

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 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 15.1-1263, 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 _____

4. 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

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

_____ YES _____ NO

If yes, in whose name? _____

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

7. 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.

8. 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

**WATER AND/OR SEWER SERVICE
ADDITIONAL INFORMATION**

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 sewerlines 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

Type of Backflow Prevention: _____

Where backflow prevention is required plans must be submitted including backflow prevention devices for approval.

Approved by County Engineer

CONNECTION FEES:

Domestic water connection fee: \$350
Domestic sewer connection fee: \$500

Other connection fees to be determined on an individual basis.