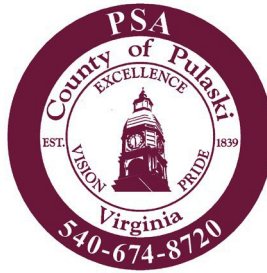


PULASKI COUNTY  
PUBLIC SERVICE AUTHORITY  
205 BROAD ST  
DUBLIN, VA 24084  
PHONE: (540) 674-8720  
FAX: (540) 674-5087  
AFTER HRS: (540) 980-7800  
OFFICE HOURS MON-FRI 7:30 AM- 4:00 PM



**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
Clerk: \_\_\_\_\_  
Account #: \_\_\_\_\_  
CID #: \_\_\_\_\_

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

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Service Address/Tax Map No.: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Phone No. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Social Security No./Tax ID No.: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_

**CO-APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Relation to Applicant: \_\_\_\_\_  
Phone No. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Social Security No./Tax ID No.: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_

**PROPERTY OWNER INFORMATION (IF PROPERTY NOT OWNED BY APPLICANT)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**SERVICE INFORMATION**

1. Application type? Please check **all** that apply,  
\_\_\_\_\_ New Account      \_\_\_\_\_ Change of Address      \_\_\_\_\_ Name Change
2. Service Type?  
\_\_\_\_\_ Residential      \_\_\_\_\_ Commercial/Industrial
3. Services requested? Please check **all** that apply,  
\_\_\_\_\_ Water      \_\_\_\_\_ Sewer      \_\_\_\_\_ Standard Garbage      \_\_\_\_\_ Low Volume Garbage  
\_\_\_\_\_ Dumpster      \_\_\_\_\_ Roll-off      \_\_\_\_\_ Other \_\_\_\_\_

**SERVICE INFORMATION CONTINUED**

4. If applying for Low Volume Garbage service, please provide documentation:

\_\_\_\_\_ Recycling\*, additional documentation                      \_\_\_\_\_ Small Household, No. of Persons in Household  
\_\_\_\_\_ Secondary Residence, additional documentation                      \_\_\_\_\_ Other, please explain \_\_\_\_\_

**By requesting Low Volume Garbage service and signing this application below, the Applicant certifies and agrees to the following:**

- **They generate 32 gallons of trash, or less, every two (2) weeks.**
- **They will receive a trash pick-up once every two weeks and will have one bag or can (not to exceed 32 gal.) at each pick-up.**
- **All trash will be disposed of in accordance with State and local regulations.**
- **Any violation of this agreement will void the reduced rate and they will pay the normal rate at that time.**

\*Note: If recycling is the basis for the reduced rate request, you may be required to show volumes, location of recycling outside of Pulaski County PSA, dates, and material recycled in order to comply with the State regulations. Recycling applies only to items generated by your household.

5. If applying for water/sewer service(s), will the service require installation of new and/or replacement water/sewer lines by the applicant to serve the property?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, please provide building permit number: \_\_\_\_\_

Note: A building permit must be issued for the installation of any water/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.

6. Does applicant own the property to be served?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If NO, please provide Property Owner information requested above and have Property Owner review and acknowledge their responsibility by signing the application in the space provided below.

7. Do you currently have, or have you ever had, service with the Pulaski County Public Service Authority?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, please complete the following:

Date(s) Service Provided: \_\_\_\_\_

Service Type (Water/Sewer/Garbage): \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account Number (if available): \_\_\_\_\_

8. Is the property currently being, or has the property ever been, served by the Pulaski County Public Service Authority?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, please complete the following:

Date(s) Service Provided: \_\_\_\_\_

Service Type (Water/Sewer/Garbage): \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account Number (if available): \_\_\_\_\_

9. 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

10. How would you like to receive your Billing Statement?

\_\_\_\_\_ MAIL      \_\_\_\_\_ E-MAIL      \_\_\_\_\_ BOTH

11. Would you like to set up ACH Withdrawal for your monthly bill?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, please complete the ACH Withdrawal Form and attach with this Application for Service.

12. What date would you like service to begin? \_\_\_\_\_

**CALCULATION OF FEES (FILL IN BLANKS, WHERE APPLICABLE)**

<b>RESIDENTIAL DEPOSIT FEES</b>	<b>FEE</b>	<b>QUANTITY</b>	<b>SUB-TOTAL</b>
RESIDENTIAL GARBAGE	\$60	_____	_____
RESIDENTIAL WATER	\$100	_____	_____
RESIDENTIAL SEWER	\$140	_____	_____

<b>OTHER RESIDENTIAL FEES</b>	<b>FEE</b>	<b>QUANTITY</b>	<b>SUB-TOTAL</b>
MONTHLY RESIDENTIAL ROLL OFF	\$472.50	_____	_____

<b>COMMERCIAL DEPOSIT FEES</b>	<b>FEE</b>	<b>QUANTITY</b>	<b>SUB-TOTAL</b>
COMMERCIAL GARBAGE	\$120	_____	_____
COMMERCIAL WATER	\$200	_____	_____
COMMERCIAL SEWER	\$280	_____	_____
COMMERCIAL DUMPSTER	\$100	_____	_____
COMMERCIAL ROLL OFF	\$300	_____	_____

<b>CONNECTION FEES</b>	<b>FEE</b>	<b>QUANTITY</b>	<b>SUB-TOTAL</b>
RESIDENTIAL WATER	\$1,000	_____	_____
RESIDENTIAL SEWER	\$1,200	_____	_____
COMMERCIAL WATER	\$2,400	_____	_____
COMMERCIAL SEWER	\$2,400	_____	_____

**TOTAL FEES TO BE COLLECTED** \$ \_\_\_\_\_

The Pulaski County Public Service Authority is hereby authorized to supply the services requested by the Applicant above. 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.

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

**APPLICANT**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CO-APPLICANT**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PROPERTY OWNER (Required if Applicant does not own Property to be served)**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The Property Owner certifies that the Applicant (above) has entered into a lease for the property located at the Service Address (above) and is authorized to obtain services at the Service Address as a tenant of the Property Owner.

The Property Owner acknowledges that this certification serves as documentation, required under Code of Virginia, Section 15.2-2119.4, to notify the property owner of their 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, deposits are required and have been calculated above.