



TOWN OF DUBLIN

P.O. BOX 1066 • DUBLIN, VIRGINIA 24084 • 101 DUBLIN PARK ROAD

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MAYOR

Benny P Skeens

TOWN COUNCIL

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Debbie P. Hager

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Debbie M. Lyons

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TOWN ATTORNEY

Samuel D. Campbell

SUPT. OF UTILITIES

Darrin T. Cullip

TREASURER

Rebecca L. Wright

CHIEF OF POLICE

Dennis R. Lambert

PLEASE PRINT BUSINESS NAME _____

I, _____, do authorize you,
(LAST) (FIRST) (MI)

The Town of Dublin, to turn the water on at the following location:

Service Location: _____

Mailing Address: _____

I will not hold the Town of Dublin responsible or liable for any damage That may occur when the water is turned on. I understand and do agree to meet the terms and conditions of the water billing department. I have been advised that the bills are due and payable on the 20th of each month. If payment is not made by the 20th, service will be disconnected and a reconnection fee of \$60.00 will be owed before service is restored.

In the event that I transfer service from one location to another, I understand that all delinquent and/or unpaid balances on prior accounts must be paid in full. If these balances are not paid, the result will be disconnection of utility service at the new location. A reconnection fee of \$60.00 and the balance of the previous account must be paid before service will be restored.

Date to Turn on Service: _____

Signature: _____ Date: _____

Social Security/Federal ID Number: _____

Telephone Number: _____

Banking Institution Used: _____

Have you ever had a water account with the Town of Dublin?

Yes _____ No _____

If yes, I understand that all delinquent and/or unpaid balances on prior accounts must be paid in full in order to obtain new utility service from the Town of Dublin.

Account Number: _____

(Office Use Only)