



APPLICATION FOR WATER AND/OR SEWER SERVICES

*Services will be activated the following BUSINESS DAY

APPLICATION DATE: _____

DATE SERVICE IS TO BEGIN: _____

LOCATION: _____

Name: _____

Mailing Address: _____

Who is responsible for bill? _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Have you had HCSA water/sewer services in your name before? _____

If so, what was the address? _____

Credit references: (1) _____

(2) _____

Number (Total) of people who reside at the service address: _____

Place of employment: _____

Telephone number(s): _____

TERMS AND CONDITIONS

The Halifax County Service Authority agrees to provide water and/or sewer service to the point of the water meter and/or the point of entry to the sewer main and to use reasonable care in doing so. This service is to begin after the proper deposit has been paid at the Halifax County Service Authority office. Any problems occurring within the Authority's system will be repaired by the Authority, and any problems occurring on the customer's side of the meter and/or tap will be corrected by the customer at the customer's expense. Unauthorized tampering with the Authority's system is subject to a \$200 fine. Bills for residential service cover a two-month period, while services requiring a meter size exceeding one inch are billed monthly. Both types of billings are due to be paid by the 20th of the month, after which a second notice is mailed and a 10% penalty is added. Should the bill remain unpaid after 7 more days, a cut-off list is prepared, an additional \$40 is added to the bill, and actions begun to terminate service. Service will remain off until the total bill plus all penalties are paid in full. After payments are received during normal working hours in the Halifax County Service Authority office service will be reinstated as soon as possible by the Service Authority during normal working hours only. Any persons having water and/or water service in their name are responsible for charges thereunto until Halifax County Service Authority is notified to discontinue such service.

I have read and fully understand the preceding and hereby agree to the Authority's terms and conditions.

Signed: _____ Account number _____

Witness: _____ Deposit Amount _____

FOR SERVICE PROBLEMS CALL

434-575-4240 Between the hours of 8:30am-5:00pm (Monday-Friday)

434-222-7798 After normal working hours

The Halifax County Service Authority is an Equal Opportunity Provider. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, D. C. 20250-9410

STATISTICAL INFORMATION (OPTIONAL)

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal government, acting through Rural Development of UDSA, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. It is for monitoring purposes only. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

RACE: - Black - Hispanic - Asian/Pacific Islander
 - American Indian/Alaskan Native - White - Other

SEX: - Male - Female