



APPLICATION FOR HCSA WATER/SEWER UTILITY SERVICES

ADDRESS (911) REQUESTING SERVICE _____

OWNER/AGENT OF PROPERTY

CUSTOMER NAME (if different)

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone _____

Phone _____

TYPE OF SERVICE(S) REQUESTED:

RESIDENTIAL/AGRICULTURAL

INDUSTRIAL/ COMMERCIAL

Water Sewer

Water Sewer

Irrigation

Irrigation

Fire System

I understand that I have made application to connect to water and/or sewerage utilities as provided by the HALIFAX COUNTY SERVICE AUTHORITY (HCSA) at such rates and fees as established and prescribed by the AUTHORITY and that proof of a valid plumbing/building permit will be required before utility services will be activated. I also understand that the HCSA may require certain appurtenances and equipment such as backflow prevention devices, vaults, backwater sewage valves and sanitary sewer clean-outs to be installed where required by the Virginia Uniform Statewide Building Code and LOCAL ordinances. I also grant HCSA employees and/or its agent(s) or representative(s) access to my property or easement for the sole purpose of the installation, inspection and continued maintenance of such utilities and connections to any facilities owned and/or operated by the HALIFAX COUNTY SERVICE AUTHORITY. The time required for a connection to be made by the HCSA utilities shall not be less than five (5) business days from the receipt of payment and/or approval of this application.

Signature of Owner/Applicant _____

Date _____

FOR OFFICE USE ONLY BELOW THIS LINE

WATER SERVICE CONNECTION			SANITARY SEWER CONNECTION		
EQUIPMENT/DEVICE/SERVICE	SIZE/RATE	FEE(S)	EQUIPMENT/DEVICE/SERVICE	SIZE/RATE	FEE(S)
FACILITY ACCESS FEE (S)			FACILITY ACCESS FEE (S)		
DEPOSIT/NEW ACCOUNT			DEPOSIT/NEW ACCOUNT		
INSPECTION FEE		\$50.00	INSPECTION FEE		\$50.00
TOTAL FEE AMOUNT(S)			TOTAL FEE AMOUNTS(S)		

Meter Size: _____ INCHES S/N: _____ Reading (gals.) _____

Application for water and/or sewerage connection(s) to the HCSA's Public Utility Water & Sewerage System(s) has been approved based upon the information provided herein and a payment of \$ _____ .00 has been received.

 HCSA Superintendent or Agent/Representative

 Date

 Tracking Number

*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*