

APPLICATION FOR WATER AND/OR SEWERAGE SERVICE  
GLOUCESTER COUNTY UTILITIES DEPARTMENT

Mailing Address: 6489 Main Street, Gloucester, VA 23061

Our office is located at

7384 Carriage Court, Gloucester, VA 23061

Telephone (804) 693-4044 Fax (804) 693-4664 [www.gloucesterva.info](http://www.gloucesterva.info)

NEW CONSTRUCTION

Water Application Fee \$ \_\_\_\_\_  PAID  
Water Development Fee \$ \_\_\_\_\_  PAID  
Sewer Application Fee \$ \_\_\_\_\_  PAID  
Sewer Development Fee \$ \_\_\_\_\_  PAID  
HRSD \$ \_\_\_\_\_  PAID  
TOTAL \$ \_\_\_\_\_  PAID  
Meter Size \_\_\_\_\_

<i>FOR OFFICE USE ONLY</i>
Account No: _____
Route No: _____
Seq No: _____
Meter ID No: _____
MXU ID No: _____

Install Meter Date \_\_\_\_\_

Service Address \_\_\_\_\_

(OWNER)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Social Security No. (s) \_\_\_\_\_

Home/Business Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Email \_\_\_\_\_

Remarks: \_\_\_\_\_

I (we) hereby make application for Water and/or Sewerage Service, at the service address indicated above and agree to observe and comply with all ordinances of the Board of Supervisors concerning water and sewerage users, and further agree to pay all proper charges for water and sewerage on the above premises, at the rate now fixed, or at such rate as may hereafter be fixed by authority of law, whether used by the undersigned, his sub-tenant or assignee, until such time as the director of the Department of Public Utilities shall receive proper notice to discontinue water and/or sewerage service and terminate this agreement. I (we) hereby waive the benefit of my (our) Homestead exemption as to this obligation.

Signature(s) of Applicant(s) \_\_\_\_\_

Date \_\_\_\_\_

**SEWER CUSTOMERS WILL ALSO RECEIVE A MONTHLY BILL FROM HAMPTON ROADS SANITATION DISTRICT (HRSD), AS THEY TREAT THE SEWER. IT IS BASED UPON THE MONTHLY WATER USAGE. PLEASE CONTACT HRSD WITH ANY QUESTIONS REGARDING THEIR BILLING.**