



Stafford County Department of Public Works Utilities Division

WATER /SEWER APPLICATION

INTERNAL USE ONLY

Customer ID: _____
Location ID: _____
Lease Received: Yes No
Deed Received: Yes No
Initials: _____

Service Address: _____
Street

City State ZIP

Billing Address: _____
(if different from Service Address) Street

City State ZIP

Requested Start Date*: _____

*Please allow for at least one (1) business day for processing of application. Starting or stopping of services is scheduled during regular business hours, Monday-Friday only.

If you are starting service, **ARE YOU:**

Renting Please provide the valid and current lease agreement. Landlord(s) and Tenant(s) signature(s) required.
All tenants over 18, listed on the lease must provide the information below.

Buying All Owners must be listed below. Please provide a copy of the closing document (required)

Owning All Owners must be listed below. Please provide deed (required).

APPLICANT INFORMATION: (If more than two (2) tenants/owners, please use a second application to provide information.)

Applicant #1

Name: _____

Phone: _____ E-Mail: _____

SSN#: _____ or Driver's License#: _____ State Issued In: _____

Applicant #2 (if applicable)

Name: _____

Phone: _____ E-Mail: _____

SSN#: _____ or Driver's License#: _____ State Issued In: _____

APPLICANT INFORMATION (FOR BUSINESS APPLICANTS ONLY):

Business Name: _____ Federal Tax ID: _____

Name and Title of Person Responsible for Payment: _____

Phone: _____ E-Mail: _____

Are you authorized to legally indebt this business: YES NO, if not, who is? _____

Have any of the applicants had service with the Stafford County Utilities Department before?

YES NO If yes, please list property address(es): _____

*if current at this address, would you like to terminate service?

YES NO Requested Termination Date: _____

By signing this form, I hereby agree to be liable for, and to pay the charges for, the water and sewer services consumed at the service address identified herein; and further certify that the information I have provided is true and accurate to the best of my knowledge. Reference sections 25-110, 25-26, 25-104 and 15-105 of the Stafford County Code.

Signature Applicant #1: _____ Printed Name: _____ Date: _____

Signature Applicant #2: _____ Printed Name: _____ Date: _____

Please return the completed application to Utilities Customer Service at 1300 Courthouse Road, Stafford, VA 22554
Phone: (540) 658-8616 Fax: (540) 658-4082 Email: utilcustservice@staffordcountyva.gov
Customer Service Office Hours: Monday-Friday, 8AM-4:30PM

NOTICE

Stafford County treats all applications and applicants equally. The County does not discriminate against religion, or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, and land use processes.

Under the laws of the United States and the Commonwealth of Virginia, no government may discriminate against any religion or on the basis of race, sex, age, national origin, or disability, in its planning, permitting, and land use processes.

Under the Religious Land Use and Institutionalized Persons Act (“RLUIPA”), no government may apply its zoning or land use laws, or its policies and procedures in a manner that unjustifiably imposes a substantial burden on the religious exercise of a person, assembly, or institution.

RLUIPA also provides that no government may apply its zoning or land use laws in a manner that treats a religious assembly or institution on unequal terms with a non-religious institution or assembly.

Finally, RLUIPA provides that no government may impose or implement a land use regulation in a manner that discriminates against a religious assembly or institution.

Stafford County does not discriminate in its planning, permitting, and land use processes, practices, and policies. Stafford County treats all applications and applicants equally.