



Residential Service Application

Name: _____

Soc. Sec No. _____ - _____ - _____ Birthdate: ____/____/____

Phone _____ - _____ - _____ Cell _____ - _____ - _____ Other _____ - _____ - _____

Is it ok to receive text messages for utility notices and reminders? Yes ___ No ___

Email _____

Would you like your bill e-mailed? Yes ___ No ___

Service Address: _____

Billing/Mailing Address: _____

Service Start Date: ____/____/____

Circle One: Own Rent Trailer/Mobile Home – Deposit Required

Landlord Name _____

Circle One: Spouse Roommate(s) N/A

Name: _____ Phone _____ - _____ - _____

Name: _____ Phone _____ - _____ - _____

Please initial that you read and understand the following:

____ VCPW requires a deposit on all accounts. Deposit may be waived upon auto pay or credit reference from another utility company.

____ VCPW requires a deposit on all Trailer/Mobile homes. - No exceptions

____ I am aware when moving out I must complete and turn in End of Service form to VCPW.

Signature: _____

Date: ____/____/____