

**TOWN OF GORDONSVILLE**  
**615.683.8282**  
**APPLICATION FOR SEWER SERVICE**

(HOMEOWNERS AND COMMERCIAL PROPERTIES)  
PLEASE FILL OUT AND RETURN TO CITY HALL

[leigh@townofgordonsville.com](mailto:leigh@townofgordonsville.com)

NAME:	PHONE NUMBER:
EMPLOYER:	EMPLOYER PHONE NUMBER:
COPY OF I.D: (REQUIRED)	EMAIL:
SOCIAL SECURITY #:	DATE SERVICE REQUESTED:
ADDRESS FOR SERVICE:	MAILING ADDRESS:

APPLICATION FEE: _____ \$30.00 ( <b>RESIDENTIAL</b> )	RENTER'S DEPOSIT: _____ \$200.00
APPLICATION FEE: _____ \$50.00 ( <b>COMMERCIAL</b> )	
DOES PROPERTY HAVE TRASH CAN	_____ YES _____ NO
BANK DRAFT	_____ YES _____ NO
PREVIOUS SERVICE:	_____ YES _____ NO

I HEREBY AGREE TO THE ABOVE FEES FOR NEW SERVICE AT THE ADDRESS LISTED. I ALSO AGREE THE INFORMATION I HAVE PROVIDED IS ACCURATE. UPON SIGNING THIS APPLICATION, I (WE) AGREE TO ABIDE BY THE TOWN OF GORDONSVILLE SEWER DEPARTMENTS POLICIES, RULES AND REGULATIONS AND TO PAY ALL MONIES OWED TO THE DEPARTMENT FOR THIS ACCOUNT. I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT.

APPLICANT: _____	DATE: _____
CO-APPLICANT: _____	DATE: _____

TOWN OF GORDONSVILLE: \_\_\_\_\_ DATE: \_\_\_\_\_

BILLS ARE DUE AND PAYABLE AT CITY HALL BY THE 15TH OF EACH MONTH WITHOUT PENALTY. PENALTY WILL ASSESS ON THE 16TH OF THE MONTH. AN APPEARANCE IN MUNICIPAL COURT MAY BE REQUIRED FOR DELINQUENT ACCOUNTS. AN AFTER HOURS NIGHT DROP IS AVAILABLE, 24/7. PLEASE PRESENT ENTIRE BILL WITH PAYMENT. FAILURE TO RECEIVE A BILL DOES NOT RELIEVE CONSUMER OF PAYMENT. LATE PAYMENT NOTICES WILL NOT BE SENT OUT.