

# Water/Sewer Application

Please complete and return to:

E-Mail: [utilitybilling@co.kinggeorge.state.va.us](mailto:utilitybilling@co.kinggeorge.state.va.us)

9207 Kings Hwy, King George, VA 22485

Phone: (540) 775-2746

Office Hours: Monday – Friday 8:00 a.m. – 4:00 p.m.



INTERNAL USE ONLY: (Rev: 10.6.25)

ACCOUNT #: \_\_\_\_\_

The Service Authority does not turn off water service between customers (owners or tenants). Water service remains active unless a shut-off is specifically requested by the property owner.

## PLEASE PRINT

Service Address: \_\_\_\_\_ **King George, VA 22485**  
STREET

Billing/Forwarding Address: (if different from Service Address): \_\_\_\_\_  
STREET

STREET CITY STATE ZIP

REQUESTED START DATE: \_\_\_\_\_ -OR- MOVE OUT DATE: \_\_\_\_\_  
closing date or lease date closing date or lease date

If you are starting service, ARE YOU: ☐ RENTING\* ☐ BUYING\*\* ☐ OWN\*\*

\*If **renting**, please provide the valid and current lease agreement with the landlord(s) **and** the tenant(s) signatures (required). All tenants, above the age of 18, listed on the lease agreement must provide the applicant information below.

\*\*If you are **buying**, please provide the deed or a closing document that shows ALL purchasers, address, and date of settlement. All parties listed as property owners must provide the information below.

*If more than two (2) parties are listed as tenants or as property owners, please use a second application to provide the necessary information below.*

1<sup>st</sup> Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First Middle Last

E-Mail: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
REQUIRED TO RECEIVE BILLS VIA EMAIL

2<sup>ND</sup> Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First Middle Last

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

## FOR BUSINESS APPLICANTS ONLY:

Business Name \_\_\_\_\_ Business Federal Tax ID # \_\_\_\_\_

Name and Title of Person Responsible for Payment \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you authorized to legally indebt this business? ☐ Yes ☐ No. If not, who is? \_\_\_\_\_

Have any applicants had water/sewer services with the King George County Service Authority before?

☐ Yes ☐ No If yes, please list property address or addresses: \_\_\_\_\_

## FOR MOVE OUTS ONLY:

**Forwarding Address MUST be listed above**

Name/s on Account: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Final bills will be mailed to forwarding address and emailed if email is listed.

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.

1<sup>st</sup> Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature

2<sup>nd</sup> Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Please allow twenty (20) business days for processing.