



CITY OF WAYNESBORO, VIRGINIA
Department of Public Works

900 Essex Ave
 WAYNESBORO, VIRGINIA 22980
 TELEPHONE: (540) 942-6743 FAX: (540) 942-6769

Request to Add Service to Billing Account

The undersigned has made an application for Water/Sewer/Exclusion Service (to be installed at the Service Address below, and give permission for billing for maintenance and service consumption to begin as soon as the water meter has been set or the sewer service has been tapped. I additionally agree to the following terms, if a water vault is required at the Service Address:

- 1) The vault shall be installed on the property to be serviced.
- 2) The City of Waynesboro, Virginia, herein after the City, shall only own and maintain the service meter, meter setter, and the touch-read pad.
- 3) The vault shall be designed in accordance to the City's Water Vault detail, by a Professional Engineer, licensed in the state of Virginia. This design shall be submitted and approved through the site plan review process.
- 4) A Professional Engineer, licensed in the state of Virginia, shall provide the City with a PE sealed letter, stating that the engineer has inspected the installed vault, and that it conforms with the approved design. Final release of the site and provision of water/sewer service will be pending receipt of this letter.
- 5) The owner shall be responsible for backflow prevention inspections and reporting, as per the City's Backflow Prevention program.
- 6) The property owner shall be responsible for repairing any leak in the private service line (from the Right-of-Way or Water Main Easement line to the vault), and/or leaks in the vault, and/or defects in the vault. These repairs must commence within 48 hours after notification from a representative of the City. Failure to comply with this requirement may result in suspension of water service from the City.
- 7) The property owner shall provide the City with a completed Right of Entry Agreement, to allow the City to have access to the vault, to read and maintain the City's components in the vault.

Name: _____

Billing Address: _____

Telephone Number: _____

E-mail Address: _____

Service Address: _____

Lot Number: _____

Tax Identification Number: _____

Date: _____

Signature of Applicant: _____

For Department Use Only:

Action	Date Req.	Time	Reading	Meter Number	By
Start Service					