



Application for Residential and Commercial Water Service

Owner Tenant Contractor

Consumer #1:
Social Security Number or EIN (Tax Identification):
Home Phone:
Place of Employment:
Business Phone:
Email Address:

Consumer #2:
Social Security Number or EIN (Tax Identification):
Home Phone:
Place of Employment:
Business Phone:
Email Address:

Service Address:
Previous Address:
Mailing Address:
Requested Date of Service:
Special Instruction:

New Service Transfer Service Owner Resume

I hereby apply to the Portsmouth Water Department for a supply of water as designated on this form.

I agree to pay for all water furnished on said premise at the rate now or hereafter established and all sewage disposal charges assessed against the said premise in accordance with the ordinances governing sewage disposal charges and that the water shall be used on the premise only and without waste and to be bound in all things by the stipulation and conditions of water supply now or hereafter embraced in the City Code and the rules which may be from time to time adopted; and to permit the agents of the Department of Public Utilities, at all reasonable times to visit and inspect the described premise.

It is understood and agreed that the City of Portsmouth shall not be liable in the event of the stoppage of the water supply or if water is wasted on account of leaky pipes or fixtures or any other cause. It is also understood and agreed the City of Portsmouth shall not be liable for any water discoloration or any damage resulting therefrom.

If water bills and sewage disposal bills are not paid at the proper time or if a violation of any other rule of the Department of Public Utilities occurs, the Department shall have the right to cut off the water at any time. Otherwise this contract shall continue in force until canceled by the account holder of record.

**CITY OF PORTSMOUTH, VIRGINIA
DEPARTMENT OF PUBLIC UTILITIES**

Consumer

Consumer

Date

