



Town of Shenandoah
426 First Street
Shenandoah VA 22849
(540) 652-8164

WATER SERVICE APPLICATION

DATE: _____

FEE: \$8,000 (*Inside Town Limits*) \$11,000 (*Outside Town Limits*)

The applicant is the OWNER OTHER (check one)

OWNER'S Name: _____

Address: _____

Phone: _____

APPLICANT'S Name (IF different from OWNER): _____

Address: _____

Phone: _____

1. Address of property: _____

2. Tax Map #: _____

3. Water service is requested for: (check one)

- Residence Number of Units: _____
- Commercial Type: _____
- Industrial Type: _____
- Other Description: _____

4. Size of Tap and Meter requested: _____

5. Size of Line to installed by applicant: _____

6. Name of Contractor: _____

7. Date water service is requested: _____

I (we) the undersigned do hereby certify that the above information is correct and true. I (we) further understand that if this application is approved, the Town Council may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met. I (we) further certify that I (we) have read and understand the Town Code §74-66 regarding Town Water Service and agree to abide by its provisions.

Signature of Owner(s): _____

Signature of Applicant(s): _____

.....
OFFICE USE ONLY:

Date Application was reviewed by Town Council: _____

APPROVED DENIED

Stipulations or Comments: _____

Town Manager: _____