



# Petersburg

VIRGINIA

UTILITY BILLING DEPARTMENT  
144 N. SYCAMORE STREET PETERSBURG, VIRGINIA 23803

(804) 733-2349

UTILITYBILLING@PETERSBURG-VA.ORG

## Application for Utilities

### Provisions Governing Service Contract

You are applying to establish a utility service account with the City of Petersburg. The utilities account consists of water, sewer, trash, stormwater and any applicable taxes and fees. This document outlines the provisions governing your account and forms the first part of your application. Once signed and completed, the application constitutes a **legally binding** agreement between you and the City of Petersburg.

### By Filling out this application

1. The Customer assumes all liability for any damage, loss, or injury arising out of or resulting from the initiation of water service at the property identified in this document. The customer shall indemnify, defend, and hold harmless the City of Petersburg (the "City") and its officers, authorized representatives, employees, and agents from and against any and all claims, demands, actions, damages, losses, penalties, liabilities, judgments, costs, and expenses of every kind and nature (including reasonable attorneys' fees, expert fees, and collection costs) arising from damage caused by the initiation of water service at the Property, whether alleged or sounding in contract, tort (including negligence), strict liability, statute, or otherwise.

***-This obligation shall apply to property damage, bodily injury, or death, and to damage to City equipment, adjacent properties, and public rights- of- way.***

***\*\*This indemnity shall not apply to the extent the damage is finally determined to be caused by the City's sole gross negligence or willful misconduct.***

2. You agree that if you **cannot** be present at the referenced address when service is initiated, you will ensure that all faucets or other fixtures capable of transmitting water are in the **OFF** position
3. You agree to provide proof of ownership or tenancy demonstrating that you are authorized to occupy the unit for which you are seeking to obtain water service as the City Utility Billing Office may require.
4. City law provides that any water charges incurred on the referenced account during the time it is open is your personal liability, and the City of Petersburg may seek legal action to ensure that you pay any charges incurred. (§114-142, Code of the City of Petersburg). You understand and agree that you are responsible for payment of water service charges incurred on this account, and that the City Code establishes that you are personally liable for such charges
5. To close an account, ALL parties to the water services account must request account closure from the Utility Billing Office and may need to submit evidence that they are no longer responsible for the premises served by the account. Failure to submit any evidence requested by the Utility Billing Office may result in the accounts remaining open and all parties to the account remaining personally liable for any subsequent charges on the account.

***\*\*Your signature is an acknowledgement that you were provided with a copy of this form; it is not necessary for the establishment of a legally enforceable agreement with the City of Petersburg for provision of water services. If you refuse to sign, the Supervisor of the Utility Billing Office may confirm by notation on your signature line your receipt of this document or that you were told of its provisions. \*\****



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**\*\*Please complete all required fields. Incomplete applications may delay service activation.**

### **Section I: Applicant Information**

Service Holder – Full Name:

SSN EIN Or TIN:

Phone #:

Email:

Mailing address (If different from service address):

City:

State:

Zip:

### **Section II: All other parties listed on Lease/Deed**

Full Name:

SSN or TIN:

Phone #:

Full Name:

SSN or TIN:

Phone#:

Full Name:

SSN or TIN:

Phone#:

### **Section III: Emergency Contact** **\*\*Required if only one party is listed on lease or deed**

Full Name:

Phone#:

**\*\*I wish to designate the following person or agency to receive a copy of any disconnection notice that may result from nonpayment, or any work orders related to the service address.**

Account Holders Signature:

Date:

**\*\* The undersigned party hereby certifies and agrees to initiate the agreed-upon services in accordance with the terms and conditions of this contract. By signing below, the party acknowledges its obligation to pay all balances rendered by Utility Billing for services received from the start date of services until the date of disconnection of services. The parties further agree to give notice (Signed termination form) to discontinue services.**

Account Holders Signature:

Date: