TOWN OF CULPEPER, VIRGINIA

400 South Main Street, Suite 109
Culpeper, VA 22701
Phone: (540) 829-8220 FAX: (540) 829-8239

Primary Customer Name Last: nelson First: George Middle Initial: R

Service Address : 219 West Asher St

Mailing Address : 5785 Mountain Rd 7A, Stowe, Vt 05672

Soc. Sec #/F.I.N. # : 231 - 58 - 4791 Date of Birth: 07 / 23 / 1943

Telephone : Home: (___) ___ - ___ Work: (___) ___ - ___ cell: (508) 951 - 0726

Email : gnelson51475@gmail.com

Employer Name Pall Spera Co, Realtors

Employer Address : 1800 Mt Rd, Stowe Vt 05672

Secondary Customer Name Last: _____ First: _____ Middle Initial: _____

Soc. Sec #/F.I.N. # : _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Employer Name : _____

Employer Address : _____

Work Telephone : (___) ___ - ___ cell: (___) ___ - ___ email: _____

EMERGENCY CONTACT
Not living with you

: _____

Contact Address : 1407 Ryan Rd, Fallston Md 21047

Contact Phone # : 410 - 302 - 6019 email: sarahweber02@gmail.com

Have you had service with the Town of Culpeper previously: ☐ Yes ☑ No

If yes, when & where? _____

Date you desire service to be connected: : 02 / 23 / 2018

Do you ☐ Lease or ☑ own? (Attach copy of lease / proof of ownership)

If you Lease: property owner's name: Please refer to Steven Will Atty

property owner's address: _____

phone: (___) ___ - ___ _____

SERVICE TYPE: ☐ Business ☑ Residential — Do you operate an in-home business? ____

☑ Electric ☑ Water ☑ Sewer ☐ Bulk Septage ☐ Water Haul ☐ Security Lights

Trash-monthly charge $ _____ Additional trash carts ____ x ____ = _____

*For connections: Electric Breakers and/or Water Valves must be off. There will be add'l. $50 fee for a 2nd trip to connect services.

SUBSCRIBED, ACKNOWLEDGED, AND AFFIRMED BEFORE ME THIS 12th day of February, 20 18

MY COMMISSION EXPIRES: 2/10/19 NOTARY Mary J Burnett

PLEASE READ BOTH SIDES OF THIS APPLICATION BEFORE SIGNING — BILLING PROCEDURES ARE ON REVERSE SIDE

I have read both sides of this application; understand and agree to adhere to all the Town of Culpeper's billing procedures; do hereby authorize requested utility service (s) to be established in my name at the above address; and agree to pay for such service until terminated at my request.

2/12/2018 _____
DATE PRIMARY CUSTOMER SIGNATURE (see reverse side)

____/____/____ _____
DATE SECONDARY CUSTOMER SIGNATURE (see reverse side)

********** *OFFICE USE ONLY* ********** *OFFICE USE ONLY* ********** *OFFICE USE ONLY* **********

Amount of Deposit: $ _____ Application Fee: $ _____

Customer Number: _____ Date Paid: _____ / _____ / _____

Account Number: _____ Cashier Initials: _____

Trash Can Number: _____

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