



215 E Main ST

Bedford, VA 24523

Utility Billing Office 540-587-6047 Fax 540-587-6143 E-Mail [billing@bedfordva.gov](mailto:billing@bedfordva.gov)

**CALL BILLING OFFICE FOR Deposit Required 540-587-6047 Option 1**

## RESIDENTIAL UTILITY SERVICE APPLICATION

DATE OF APPLICATION \_\_\_\_\_ DATE SERVICE DESIRED \_\_\_\_\_

DEPOSIT DATE \_\_\_\_\_ DEPOSIT AMOUNT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS

\_\_\_\_\_

HOME OR CELL PHONE # \_\_\_\_\_ WORK# \_\_\_\_\_

E-Mail \_\_\_\_\_

RESIDENCE: OWN \_\_\_\_\_ RENT \_\_\_\_\_ LANDLORD \_\_\_\_\_

PREVIOUS SERVICE ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ CUTOFF DATE \_\_\_\_\_

**I UNDERSTAND THAT THIS APPLICATION FOR UTILITY SERVICE WITH THE TOWN OF BEDFORD WILL ESTABLISH AN ACCOUNT IN MY NAME AND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES THAT ARE INCURRED ON THIS ACCOUNT. I ALSO AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE TOWN ELECTRIC TARIFF AND OTHER ORDINANCES GOVERNING THE UTILTIY SERVICES PROVIDED BY THE TOWN OF BEDFORD AS AMENDED FROM TIME TO TIME BY THE TOWN COUNCIL.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**