



UTILITY BILLING OFFICE
215 E. Main Street | Bedford, Virginia 24523
(P) 540-587-6047 | (F) 540-587-6143
(E) billing@bedfordva.gov

RESIDENTIAL UTILITY SERVICE APPLICATION

Application Date: \_\_\_\_\_ Service Start Date: \_\_\_\_\_
Account Name 1: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Social Security # \_\_\_\_\_
Phone # \_\_\_\_\_
E-mail Address \_\_\_\_\_

A copy of Driver's License or State Identification Card is required with initial utility service application. A copy may be e-mailed to: billing@bedfordva.gov

Service Address: \_\_\_\_\_

Mailing Address (if different than Service Address): \_\_\_\_\_

Select service type:

- RESIDENTIAL-OWNED RESIDENTIAL-RENT

Landlord Name: \_\_\_\_\_

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

Deposit Date: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

For current customers only:

Previous Service Address \_\_\_\_\_

Account Number \_\_\_\_\_ Cut-off Date \_\_\_\_\_



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***For Town customers only:***

After initial service application, customers may opt in or opt out of refuse service bi-annually in **December** for January service and in **June** for July service. Additional carts may be requested during the billing cycle. By checking the applicable box below and signing this application, I certify to follow the approved rules and procedures for Town refuse service.

**Opt-out** for Refuse Services

**Opt-in** for Refuse Services, \$25/month (1 cart)

Request \_\_\_\_\_ Additional Refuse Cart(s), +\$3/month per additional cart

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***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 utility services provided by the Town of Bedford, as amended from time to time by the Town Council.***

**Signature:**

**Date:**

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