PEMBROKE WATER / SEWER APPLICATION

Pembroke Town Office, P.O. Box 5, Pembroke, VA. 24136

Date	
I,	applicant and
Co-applicant hereby make application for Water /	Sewer Service from the Town of Pembroke. I /we agree that
	l in accordance with the water/sewer department rules and
	must notify The Town of Pembroke Office as soon as you
	water turned off. Until Notification is received in this office,
any water used will be your responsibility. Your	00 7
Previous (Old) Address:	
(Applicant)Drivers License #	(Co-applicant) Drivers License #
(Applicant)Social Security #	(Co-applicant) Social Security #
Telephone Number:	Cell:
Own Rent Landlords Name:	Previous Occupant:
UWII Kelit Landiords Franc.	1 Tevious Occupant
Mailing Address:	Physical Address:
(Applicant signature): Signature of person responsible for this bill	
(Co-applicant signature):	
Signature of person responsible for this bill	
If you are a renter and have a deposit for water service and you move out of Town your deposit will be applied	
•	ryice and you move out of Town your deposit will be applied ll be refunded. If you do not owe a water bill, you will receive
the total amount of the deposit.	
For office use only	
() Deposit Paid \$	
Location Number	Entered in the computer://
Meter Number	Sequence Number
Present Meter Reading	Deposit Entered
Previous Meter Reading	Date Application Received by: