

**BLAND COUNTY SERVICE AUTHORITY  
P O BOX 510  
BLAND, VA 24315  
276-688-4622 OR 1-800-519-3468**

**APPLICATION FOR WATER SERVICE**

DATE: \_\_\_\_\_

CIRCLE:      OWNER      RENTER      RESIDENTIAL      COMMERCIAL

CUSTOMER \_\_\_\_\_

SPOUSE \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_ WORK \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

SEND BILL TO TENANT \_\_\_\_\_ OWNER \_\_\_\_\_

Have you ever had a previous water/sewer/trash account with the County of Bland? \_\_\_\_\_

If yes, what was the service location? \_\_\_\_\_  
\_\_\_\_\_

A \$25.00 access fee must be paid.  
A \$50.00 security deposit must be paid.  
Sewer Connection with own water supply.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, a Notary Public for the State of Virginia, do hereby  
Certify that \_\_\_\_\_ whose name is signed to the foregoing  
writing bearing the date of \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ has acknowledged the same

before me in the state of Virginia aforesaid.  
My commission expires: \_\_\_\_\_

Notary Public \_\_\_\_\_