

**TOWN OF RICHLANDS**  
**Commercial Request for Service Application**  
Phone number 276-964-2566 - Fax number 276-963-2889

Date: \_\_\_\_\_ Requested Service Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Federal/State ID # \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Other who have permission to receive information on your account: \_\_\_\_\_

\_\_\_\_\_

Address of Requested Service

Billing Address

Customer Addresses: \_\_\_\_\_

\_\_\_\_\_

Service Request: Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Garbage \_\_\_\_\_

Location of Service: In Town \_\_\_\_\_ Out of Town of Richlands \_\_\_\_\_

Do you own or rent? Own \_\_\_\_\_ Rent \_\_\_\_\_

Have you ever had an account with the Town of Richlands? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give last account number: \_\_\_\_\_

I declare that the following statements are true, full and correct to the best of my knowledge and belief. I have also received a copy of the information sheets regarding the Town of Richlands general information.

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

.....  
**FOR OFFICE USE ONLY**  
.....

Book # \_\_\_\_\_ Meter # \_\_\_\_\_ Account # \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Is there a Deposit needed? \_\_\_\_\_yes \_\_\_\_\_no If yes, give amount: \$ \_\_\_\_\_

Does customer have good standing? \_\_\_\_\_yes \_\_\_\_\_no

If no, give comment:

\_\_\_\_\_

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