COUNTY OF FAIRFAX, VIRGINIA

APPLICATION FOR SEWERAGE SERVICE

APPLICANT INFORMATION

NAME:_____ DATE:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PROJECT INFORMATION

SUBDIVISION:_____ PHASE:_____ SECTION:_____ BLOCK:____

MAP #:____ - ____ / ____ / ____ / _____ PROJ/TENANT NAME:_____

PROPERTY ADDRESS/COMMENTS:	LOT/STE NUMBER	ACCOUNT NUMBER	RECEIPT NUMBER

FOR OWM USE ONLY

SHED:____ SVC. CL:_____ WTR/SWR:_____ FROM SEPTIC?:_____ BILL AGT:_____
WATER SUPPLIER:_____ PER CAPITA:_____ A/H/M UNITS:_____
FIXTURE UNITS:_____ FLOW:_____ BUILDING #:_____

_____UNITS X $_____ PER UNIT
REIMB. NAME:_____
REIMBURSEMENT #:217-_____-70

AVAIL $_____
CONN $_____
SPUR $_____
REIMB $_____

INITIALS:_____

OWM	DEM	OTR	IDT

TOTAL $_____

I AGREE TO OBSERVE AND COMPLY WITH ALL ORDINANCES, RULES AND REGULATIONS ADOPTED BY THE BOARD OF SUPERVISORS OF FAIRFAX COUNTY, CONCERNING CONNECTIONS TO AND USE OF THE FAIRFAX COUNTY SEWERAGE FACILITIES. I FURTHER AGREE TO PAY ALL CHARGES FOR SERVICES RENDERED TO THE ABOVE DESCRIBED PREMISES WHETHER SUCH SERVICE IS RENDERED TO THE UNDERSIGNED, HIS SUBTENANT, OR ASSIGNEE UNTIL SUCH TIME AS PROPER NOTICE TO DISCONTINUE SERVICE AND TERMINATE THIS AGREEMENT IS RECEIVED BY THE DEPARTMENT OF PUBLIC WORKS. IN THE CASE OF NEW CONSTRUCTION, IT IS AGREED THAT NO OCCUPANCY WILL OCCUR UNTIL A FINAL PLUMBING CONNECTION PERMIT IS APPROVED.

OWNER/AGENT (SIGNATURE): _____ DATE: _____

☐ / ☐ (PRINT): _____ PHONE #: (___) _____