



CITY OF RADFORD
APPLICATION FOR UTILITY SERVICES

Applicant Information

Applicant name: _____ Telephone: _____
 Driver's License#: _____ Email: _____
 Receive Bill by: Mail Email Both

New Service Information:

Location of New Service: _____
 Requested Cut on Date: _____ **Office Use:** Customer ID number: _____
 New Account number: _____

Current Radford Customers Only:

Location of Current Service: _____
 Current Account Number (if known): _____ Requested Cutoff Date: _____

Business Customers Only:

Name of Business (if applicable): _____ Telephone: _____
 Address: _____ City, State, Zip: _____
 Federal ID#: _____ Legal Entity: Individual Sole Prop Partnership Corporation/LLC
 Email: _____
 Receive Bill by: Mail Email Both

Additional contact information:

Mailing address (if different from new service location) Permanent or Guarantor address
 Street: _____
 City, State, Zip: _____ Telephone: _____
 If you are interested in having your payments automatically debited from your bank account each month please inform the customer service representative. There is a separate form that will need to be completed to obtain this service.

Guarantor Information

Guarantor name: _____
 Guarantor Signature: _____
 Driver's License#: _____
 Telephone: _____ Email: _____

Deposit Information

Deposit required:

- | | |
|---|---|
| <input type="checkbox"/> \$200.00 Residential electric service | <input type="checkbox"/> \$50.00 Residential water/sewer service |
| <input type="checkbox"/> \$500.00 Small general electric service | <input type="checkbox"/> \$75.00 Small commercial water/wastewater |
| <input type="checkbox"/> \$2,000.00 Medium general electric service | <input type="checkbox"/> \$200.00 Medium commercial water/wastewater |
| <input type="checkbox"/> \$5,000.00 Large general electric service | <input type="checkbox"/> \$2,000.00 Large commercial water/wastewater |
- Deposit Waived:** Letter of Credit Satisfactory Payment History with City of Radford

Notary Use Only

State of _____ City/County of _____
 On _____
 The individual whose name is signed to the foregoing instrument appeared before me; acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.
 My commission expires: _____ Signature _____

I (applicant or guarantor) hereby request the City of Radford to provide utility services at the above service address. I (applicant or guarantor) agree to pay all charges for services rendered as a result of this request. I (applicant or guarantor) understand and agree that failure to pay any amount due to the City can result in termination of services and legal action for the collection of such sums plus interest, court costs, and legal expenses and fees.

PRINTED NAME: _____
 SIGNATURE: _____ DATE: _____

Return this completed form to: City of Radford Billing and Service, 619 Second St Room 156, Radford VA 24141
(540) 731-3602 (540) 731-3689 Fax