



TERMINATION OF SERVICE

Water & Sewer
Public Utilities

Web site: www.co.new-kent.va.us/publicutilities

Remit to: New Kent County Utilities Department, 7051 Poindexter Road, New Kent, VA 23124
Phone: (804) 966-9676 Fax (804) 966-7135

Date of Application: _____ **Termination Date:** _____
Please Allow 48 Business Hours For Completion

CUSTOMER INFORMATION

Name: _____ Account #: _____
Service Address: _____ Phone: _____
City: _____ State: VA Zip: _____
Subdivision: _____

FORWARDING BILLING ADDRESS

Address: _____
City: _____ State: _____ Zip: _____

Please Note that the FINAL BILL must be paid by the stated due date, failure to do so, and the account will be sent to collections and added fees will incur (if any).

THIS FORM SHALL SERVE AS THE CONTRACT BETWEEN THE COUNTY OF NEW KENT AND THE UNDERSIGNED. THE UNDERSIGNED AGREES TO PAY FOR ALL WATER USED, CONSUMED, OR WASTED AND SEWAGE DISCHARGE AT THE ABOVE DESCRIBED PREMISIS AT THE RATE ESTABLISHED BY THE BOARD OF SUPERVISORS. THE UNDERSIGNED FUTHER AGREES TO OBSERVE, COMPLY WITH AND BE BOUND BY ALL LAWS, ORDINANCES, RULES, REGULATIONS, TERMS AND CONDITIONS PRESCRIBED FOR AND RELATING TO THE USE OF WATER WHILE RECEIVING SERVICE.

Final Bill Cycles & Charges

FINAL BILLS ARE PROCESSED MONTHLY. MINIMUM CHARGES PER BILLING ARE **\$47.61** FOR WATER USE AND **\$66.15** FOR SEWAGE USED THROUGH A 5/8" & 3/4" METER.

***SPECIAL NOTE*: Deposits are applied to the balance of the final bill, any credits on the account will be issued in the form of a check.**

Signature: _____ Date: _____

Printed Name: _____