

**CLARKE COUNTY SANITARY AUTHORITY
APPLICATION FOR NEW WATER AND/OR SEWER ACCOUNT**

In order to comply with the Federal Trade Commission's Fair and Accurate Credit Transaction Act, the CCSA is requiring that all new customers complete and sign an application to create an account. Please note that a copy of a photo ID (driver's license, work identification, passport, etc.) must be attached to this application. The CCSA reserves the right to refuse to create a new account and/or terminate service, if a photo ID is not attached to the application, the application is not signed, and/or any of the following information is not submitted.

SERVICE ADDRESS: _____

DATE OF MOVE IN: _____ RESIDENTIAL COMMERCIAL

ACCOUNT HOLDER'S NAME: _____

ACCOUNT HOLDER'S BIRTHDAY (MM/DD/YEAR): _____

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ EMERGENCY TELEPHONE #: _____

EMAIL ADDRESS: _____

****OTHER PEOPLE AUTHORIZED TO REVIEW ACCOUNT INFORMATION (ONLY THE ACCOUNT HOLDER, PROPERTY OWNER, AND THE PEOPLE LISTED BELOW, WILL BE AUTHORIZED TO REVIEW ACCOUNT INFORMATION):**

IF THE ACCOUNT HOLDER IS NOT THE PROPERTY OWNER, A SECURITY DEPOSIT IS REQUIRED AT TIME THE APPLICATION IS SUBMITTED:

\$300 FOR RESIDENTIAL ACCOUNTS

\$500 FOR COMMERCIAL ACCOUNTS

IF THE ACCOUNT HOLDER IS NOT THE PROPERTY OWNER, THE SECOND PAGE MUST BE SIGNED BY THE PROPERTY OWNER AND FORWARDED TO THE CCSA ADMINISTRATIVE OFFICE BEFORE ANY NEW ACCOUNT IS CREATED.

By signing below, I understand that the CCSA is authorized to request this information in order to comply with the FTC's regulations and in an effort to protect the customer against identity theft. I also understand that a copy of a photo ID will be required in order for the application to be processed. I also understand that by opening an account with the CCSA, I agree to follow the CCSA's Rules and Regulations for Water and Sewer Service. The Rules and Regulations can be found on line at www.clarkecounty.gov or can be viewed in person at the CCSA Administrative Office, located at 129 Ramsburg Lane in Berryville, Virginia.

Signature

Date

Office Use Only:

Security Deposit Paid Cash Check Money Order

Clarke County Sanitary Authority
P.O. Box 327
Berryville, VA 22611
V: (540) 955-5185

CLARKE COUNTY SANITARY AUTHORITY
TENANT AUTHORIZATION FORM

DATE: _____

Clarke County Sanitary Authority
P.O. Box 327
Berryville, VA 22611

Attention: Clarke County Sanitary Authority Administrative Office

_____ has entered into a lease for the
(Print Tenant Name)

property located at _____ and is authorized
(Print Service Address)

to obtain services at this address as a tenant of _____.
(Print Property Owner Name)

By signing this document, I understand that a lien may be placed on the property in the amount of
up to three months of delinquent water and sewer charges if the lessee or tenant fails to pay any
delinquent water and sewer charges and any security deposits collected are not enough to cover
the delinquent amount.

Signed by Property Owner

Property Owner Mailing Address, State, Zip Code

Property Owner Phone Number

Property Owner Email

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