

## CITY OF FRANKLIN

## **Application for Residential Utility Services**

## **Requirements for services:**

~ Installation fee for each service requested

~ Lease agreement from Landlord

~ Picture Identif	fication from all persons on lease		er from previous utility				
	Primary Applicant Inform		Secondary Applicant Information				
Full Name:		Fu	Full Name:				
SSN#:		SS	5N#:				
Service Addr	ess:	Se	rvice Address:				
Mailing Add	ress:	M	Mailing Address:				
Phone:	Email:	Ph	none:	Er	nail:		
Employer:		Er	mployer:				
Work #:	Cell#:	W	ork #:	Ce			
	(NOT LIVING WITH Y		(NOT	LIVING W			
Emergency C		<del></del>			<del></del>		
Address:		_	•				
City, State, Z	ip:						
Phone:	Relationship:		none:	Re	elationship:		
True of Hook		T.C	fective Date of Serv	ri a a .			
Type of Heat	: ctrical Service: Name of Con	<del></del>			(NIO)		
	e? (YES) (NO)				OF OWNERSHIP)		
•	perty Owner's Name:				OF OWNERSHIII)		
II Lease - 110	perty Owner's Name.		1110116#		oplication for services after 2:00 P.M.		
SERVICE TYPI	E Business	Residential			may not get process until the next		
Electric	Water Only Se	ewer Water &	& Sewer Re	fuse*	business day.		
*REFLISE SER	VICE IS REQUIRED IF WATE	R/SEWER AND ELECTRIC	C SERVICES ARE PR	OVIDED			
	VICE IS REQUIRED FOR RES			COVIDED.			
For connection	ons, all electric breakers and	or water valves must b	e turned off. An ad	ult must be a	at the residence prior to		
connection of	f services unless the waiver	on reverse side is signed	. A 2nd trip charge	applies to co	onnect services in the		
event service	s are not connected during t	he 1st trip as requested l	by the customer.				
The undersig	ned having completed this a	pplication hereby certifi	es to the accuracy a	nd truth of th	ne information contained		
	pplicant hereby authorizes tl						
	equired to evaluate this appl						
information o	can be cause for termination	of service by the City and	d result in being ch	arged for crii	ninal offense as provided		
•	I understand that if the City			_			
	ervice at this location. I have	_		_			
	procedures, do hereby autho		rvice to be establish	ned in my na	me at the above address		
and agree to p	pay for such service until teri	ninated at my request.					
Applicant Signa	ature:		Date:				
Secondary App	licant Signature:		Date:				
For Office Use	e Only: Acct. Nu	mber:	Locati	on Num:			
Picture IDs	Lease Closure Discl	osure Papers	Landlord	SSN(s)	Create Cust Acct		
Create Work Ord	ler:						
Electric	WaterSewer	Garbage Can Num	ber Add Name	to Acct	Change in Name Only		
Deposit Inform	ation:YesNo	Transfer?:YesNo	Amt. Required: \$	3	Meter Fee: \$		
Credit Letter:	Yes NoA	pproved Disapproved	Date Completed:		CSR Initials		
207 W. Sec	ond Avenue, Franklin VA 23851	Office: (757) 516-1001	Fax: (757) 516	5-8481	Revised Date:		

## UTILITY BILLING PROCEDURES

All fees and procedures are subject to change as established by the Franklin City Council. All Social Security numbers provided herein will be used for the sole purpose of complying with the State of Virginia's Set-Off Debt Collection Act (section 58.1-520 et seq). The City's authority to request social security numbers as part of the City's Utility Application derives from the Code of Virginia section 58.1-521, Code of Virginia Section 2.2-3808 (A)(2)(i)(ii) and the Federal Privacy Act of 1974 section 7(b). The disclosure of your Social Security Number as a part of the Utility Application process is voluntary. No applicant for utility services will be denied the provision of utilities because of their refusal to disclose his/her social security number. If the applicant does not provide a Social Security number, two (2) other forms of identification will be required. Acceptable forms of identification are:

Passport, T-Number (from Valid State Issued Driver's License)

City bills are mailed during the first week of the month. If you do not receive your bill by the third working day after the billing date you should contact Utility Billing Customer Service to find out the amount of your bill so it can be paid by the due date. If you do not pay by the due date, a penalty of 1.5% or \$2.00 of the bill amount (whichever is greater) will be assessed along with a delinquent charge of \$15.00 If the bill is not paid in full 10 days after the due date services will be DISCONNECTED WITHOUT FURTHER NOTICE.

Once a service notice to disconnect has been processed, a reconnection fee of \$75.00 will be charged to the account. Prior to reconnection, all fees must be paid to the Treasurer. An after hour's fee of \$25.00 will be assessed for services restored after 4:00 p.m. A \$50.00 fee is assessed on all returned checks. No personal checks will be accepted to reconnect services due to non-payment. No payments can be accepted by field representatives. A \$5.00 fee will be charged for reprinting invoices once they have been mailed.

**Deposits.** All deposits are refundable, upon customer request, after five years of good standing with the City (i.e. no late fees or disconnections). If a balance is owed upon final termination of utility services by the City or by the Customer, or when the account becomes inactive, any deposit on file shall be applied to the balance owed.

**Delinquent Collections.** The City reserves the right to pursue various collection tools on all unpaid delinquent accounts to include, but not limited to Debt Set Off and court ordered judgments/garnishments.

**Moving.** In the event a customer moves, it is his or her responsibility to make arrangements with the City to get a final meter reading. This is the FINAL BILL. The deposit (if any), will be applied to the final bill and any credit remaining on the account will be returned to the customer within 45 days after the account is finalized. If a customer moves from one place of service to another service area and a balance is owed from the previous service area (same account number applies), the balance will be transferred to the new location. If it is discovered that a customer failed to pay the remaining billed amount on any former service, the new service is subject to immediate disconnection.

**Method of Payment.** Payments can be mailed to the City Treasurer's Office, 207 West 2nd Avenue, Franklin, VA 23851, paid in person by cash, money order, check, credit or debit card during the hours of 8:30 a.m. to 5:00 p.m, or placed in the night depository, which is provided for convenience outside the City Hall in the main parking lot. (Always enclose your remittance with your payment to ensure your account is properly credited). If you choose a method of payment through your banking institution, remember that payments will NOT be credited to the account until they have been received by the Treasurer's office.

METER TAMPERING: IT IS UNLAWFUL FOR ANY PERSON TO REMOVE, TAMPER WITH, OR DAMAGE ANY METER (WATER OR ELECTRIC), POLE, TRANSFORMER OR OTHER APPARATUS OR EQUIPMENT BELONGING TO OR USED BY THE CITY OF FRANKLIN IN CONNECTION WITH ITS UTILITY SYSTEMS AS DEFINED IN THE CODE OF VIRGINIA. VIOLATORS CAN BE PROSECUTED WITH A FELONY OFFENSE, Virginia Code 18.2-163.

**Contact Information:** If you have questions or problems with your **Electrical** Service contact: (757) 562-8568 If you have problems with your **Water** Service contact: (757) 562-8564

For questions related to billing please contact Utility Customer Service at: (757) 516-1001

Utility Billing Representative \_\_\_\_

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Before any con	nections can be i	made, all electric bi	reakers and/or w	ater valves m	ust be turned off. (	Connection	ns will be made Mond	lay-
Friday 8:30 am	ı - 4:30pm. An ad	lult must be at the 1	eisdence prior to	o connection o	of services unless th	his waivei	r is signed. In the ever	ıt we are
unable to make	e connections of	the first visit as rea	quested by the cu	istomer, a 2nd	l trip charge of \$50	.00 will aj	pply to connect service	es. THE
APPLICANT V	NAIVES ANY LI	ABILITY AND AG	REES TO HOLD	<b>HARMLESS</b>	TO THE CITY, IT'	S EMPLO	YEES, OFFICERS AN	J <b>D</b>
COUNCIL ME	MBERS FOR A	NY AND ALL DAM	AGES TO PRO	PERTY AT TH	IE SERVICE LOCA	ATION (	CAUSED BY A FAIL <mark>u</mark>	IRE
TO TURN O	FF ELECTRIC	BREAKERS OR	WATER VALUE	ES.				
APPLICANT S	GIGNURATURE:	:			DATE:			