



## UTILITY SERVICE APPLICATION

*"This institution is an equal opportunity provider."*

### TOWN OF LURAY

45 East Main Street \* P.O. Box 629

Luray, VA 22835

(540)743-5511(phone) or (540)743-1486 (fax)

[www.townofluray.com](http://www.townofluray.com)

Today's Date: \_\_\_\_\_

#### APPLICATION FOR RESIDENTIAL UTILITY SERVICE

Service Request Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Service Address \_\_\_\_\_

Have you ever received Utility Service from the Town of Luray ☐ YES ☐ NO

Billing Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant Email \_\_\_\_\_ Co-Applicant Email \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ If renting, from whom \_\_\_\_\_

#### EMPLOYMENT INFORMATION

Name of Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

#### If transferring service within the town, please complete the following:

Current Service Address \_\_\_\_\_ Transfer of Service Date Requested \_\_\_\_\_

#### AUTHORIZATION

I understand that Utility Bills are due on the 10<sup>th</sup> of each month, bills not paid by the 10<sup>th</sup> of each month are subject to penalty and interest. All utility accounts not paid by the 20<sup>th</sup> of each month are subject to disconnection without prior notice. The undersigned will be responsible for payment for all utility charges until notification is given to disconnect service. I hereby declare all the above information to be true, full, and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Deposit Amount \_\_\_\_\_ Account # \_\_\_\_\_

Present Reading \_\_\_\_\_ Initials \_\_\_\_\_

Application: Approved ☐ Denied ☐

The Town of Luray has utilized funding from the USDA for the construction of Town facilities.

The United States Department of Agriculture states that no person shall be discriminated against on the basis of race, color, national origin, religion, sex, gender, disability, age, marital status, income derived from public assistance, political views, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To ensure that its outreach through these programs and activities reach all members, the following data collection is required:

☐ I choose **not** to provide this information.

**Ethnicity** - Hispanic or Latino ☐ Non Hispanic or Latino ☐

**Race** - American Indian/ Alaskan Native ☐ Asian ☐ Black/African American ☐ White ☐

Native Hawaiian or Other Pacific Islander ☐ Other ☐

**Gender**- Male ☐ Female ☐ Other ☐

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### Account Information

Water and Sewer charges are based on the amount of water used per 1,000 gallons.  
(See attached Chart and Fee Schedule)

Bills are mailed the 25<sup>th</sup> of each month and are payable by the 10<sup>th</sup> of the following month.  
Bills paid after the 10<sup>th</sup> of the month will be subject to a 10 % penalty. Payments not received by the 20<sup>th</sup> of the month are subject to disconnection of water service and a reconnection fee of \$50.00 during business hours, and \$75.00 after business hours. (5pm-8pm)

Your monthly bill is for water, sewer, and garbage.

### TRASH PICK-UP

Tuesday- Brookside, Wallace, Springview, Westlu, Cottage Drive, Baker Dr etc...

Wednesday- East Main St, Boomfield

Thursday- Fairview Area & Hilldale

Friday- West end of town, Hudson Subdivision, Broad St, Mechanic St, General Dr, Allison Dr, College Dr etc...

Please have trash at curb by 7:00 am

Please visit [www.townofluray.com](http://www.townofluray.com)  
for more information about Town  
Services, Events, Recreation, and  
much more!



## COMMERCIAL UTILITY SERVICE APPLICATION

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Today's Date: \_\_\_\_\_

Service Request Date: \_\_\_\_\_

Business Name \_\_\_\_\_

Tax ID # \_\_\_\_\_

Owner Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Service Address \_\_\_\_\_

Have you ever received Utility Service from the Town of Luray ☐ YES ☐ NO

Billing Address (if different from above) \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ If renting, from whom \_\_\_\_\_

**If transferring service within the town, please complete the following:**

Current Service Address \_\_\_\_\_ Transfer Date Requested \_\_\_\_\_

### AUTHORIZATION

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Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Deposit Amount \_\_\_\_\_ Account # \_\_\_\_\_

Present Reading \_\_\_\_\_ Initials \_\_\_\_\_

Application: Approved ☐ Denied ☐

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