

Town of Mineral
PO Box 316
312 Mineral Avenue
Mineral, VA 23117
540-894-5100
540-894-4666

WWW.TownofMineral.Com Email: mineral@louisa.net

Date: _____

Application for Water and/or Wastewater Usage

Applicant: _____ Home: _____ Individual

Trading as: _____ Work: _____ Partnership

Address: _____ Corporation

City: _____ State: _____ Zip: _____

Location Address: _____

Building Use: _____ Number of Occupants: _____

Number of Sinks: _____ Baths: _____ Laundry Tubs: _____

A deposit is required prior to service. Meters are read monthly and bill will be produced during the third week of each month. Payment is due by the 15th of the following month. A late fee will be imposed if not paid by the 15th. Failure to pay the bill in full by the 30th will result in termination of service. The full balance plus a \$50 reconnect fee will be necessary to reconnect service.

Water Deposit \$ _____

Sewer Deposit\$ _____

Processing Fee.....\$ _____

Total..... \$ _____

*New structures need to be added to the 911 MSAG Map.

Property Occupant/Owner

NOTE: Signature hereby acknowledges that the property owner is ultimately responsible for all charges.

Work Completed: Date _____ Time _____ Water Meter reading _____