

Account No. _____ - _____

Stoney Creek Sanitary District
600 North Main Street, Suite 106
Woodstock, Virginia 22664
(540) 459-7491

**APPLICATION FOR CONNECTION
TO THE DISTRICT WATER AND/OR SEWER SERVICE**

LOCATION (SECTION / BLOCK / LOT) _____

E-911 ADDRESS _____

CUSTOMER NAME _____

ADDRESS _____

PHONE (____) _____ Daytime (____) _____ Evening

CONTRACTOR NAME _____

ADDRESS _____

PHONE (____) _____ Daytime (____) _____ Evening

Application is hereby made for water and sewage disposal service to the location listed above.

Service is requested by _____ (Date). I agree to begin paying for service either at the date service is provided to my lot or the date noted above, whichever is later. * If service is available prior to the requested date and the customer desires commencement of service, the service fee will begin on the date service actually begins.

Stoney Creek Sanitary District will make every effort to provide service by the above listed request date. However, due to construction schedules, weather and the number of applications, Stoney Creek Sanitary District does not guarantee service to be available by the above requested date.

**CONNECTION FEE SCHEDULE FOR 3/4"
WATER SERVICE * Other Sizes Contact Office**

Water - \$ _____

Sewer - \$ _____

Signature of Contractor/Owner

Date

Source – Construction-Maint. Supervisor

Central Water - _____ Served By - _____

Well Water - _____ Served By - _____

Office Staff Use Only

Accepted By: _____

Date: _____

(1)-100k/72k, (2)- 3 EXT, (3)- 250k