



**TERMINATION OF SERVICE**

Water & Sewer  
Public Utilities

Web site: [www.co.new-kent.va.us/publicutilities](http://www.co.new-kent.va.us/publicutilities)

Remit to: New Kent County Utilities Department, 7051 Poindexter Road, New Kent, VA 23124  
Phone: (804) 966-9676 Fax (804) 966-7135

Date of Application: \_\_\_\_\_ **Termination Date:** \_\_\_\_\_

Please Allow 48 Business Hours For Completion

**CUSTOMER INFORMATION**

Name: _____	Account #: _____
Service Address: _____	Phone: _____
City: _____ State: <u>VA</u>	Zip: _____
Subdivision: _____	

**FORWARDING BILLING ADDRESS**

Address: _____	
City: _____	State: _____ Zip: _____

**Please Note that the FINAL BILL must be paid by the stated due date, failure to do so, and the account will be sent to collections and added fees will incur (if any).**

THIS FORM SHALL SERVE AS THE CONTRACT BETWEEN THE COUNTY OF NEW KENT AND THE UNDERSIGNED. THE UNDERSIGNED AGREES TO PAY FOR ALL WATER USED, CONSUMED, OR WASTED AND SEWAGE DISCHARGE AT THE ABOVE DESCRIBED PREMISIS AT THE RATE ESTABLISHED BY THE BOARD OF SUPERVISORS. THE UNDERSIGNED FUTHER AGREES TO OBSERVE, COMPLY WITH AND BE BOUND BY ALL LAWS, ORDINANCES, RULES, REGULATIONS, TERMS AND CONDITIONS PRESCRIBED FOR AND RELATING TO THE USE OF WATER WHILE RECEIVEING SERVICE.

**Final Bill Cycles & Charges**

FINAL BILLS ARE PROCESSED MONTHLY. MINIMUM CHARGES PER BILLING ARE **\$46.71** FOR WATER USE AND **\$64.89** FOR SEWAGE USED THROUGH A 5/8" & 3/4" METER.

**\*SPECIAL NOTE\*:** Deposits are applied to the balance of the final bill, any credits on the account will be issued in the form of a check.

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

Printed Name: \_\_\_\_\_