



**NAME CHANGE OR ADDITION/DELETION  
TO AN ACCOUNT FORM**

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; 7051 Poindexter Road, New Kent, VA 23124  
Phone: (804) 966-9676 Fax (804) 966-7135

To request a name change or addition/deletion to an existing account, please complete the following form.

Name(s) on Account at Present Time:	
<input type="checkbox"/> Name Change, <input type="checkbox"/> Addition, or <input type="checkbox"/> Deletion Requested:	
	(Please Print Full Name)

Reason for requesting name change or an addition/deletion to an account:

- Marriage
- Divorce or Separation
- Death
- Other (please specify below)



I, \_\_\_\_\_, agree to assume all liability of future billings and outstanding  
(Insert Printed Name)  
balance on account/customer # \_\_\_\_\_ which is located at \_\_\_\_\_ .  
(Insert Service Address)  
I acknowledge the current balance of \$ \_\_\_\_\_ as of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

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 FUTURE 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 RECEIVING SERVICE.

**Final Bill Cycles & Charges**

FINAL BILLS ARE PROCESSED MONTHLY. MINIMUM CHARGES BI-MONTHLY ARE **\$47.61** FOR WATER USE AND **\$66.15** FOR SEWAGE USED THROUGH A 5/8" & 3/4" METER.

**SPECIAL NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE COUNTY IN WRITING WHEN MOVING FROM A SERVICE LOCATION TO RELIEVE YOU OF ANY FURTHER LIABILITY AND TO RECEIVE YOUR DEPOSIT REFUND, IF DUE.** Deposits made at the time of the application are applied to the account once the account is in good standing for two years or it is applied to the balance of the final bill, any credits on the account will be issued in the form of a check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security # \_\_\_\_\_ or Driver's License # \_\_\_\_\_