# REQUEST FOR UTILITY SERVICE

**CITY OF FREDERICKSBURG, VIRGINIA**

*Please complete the appropriate section below and return to:*

**Utility Billing**
**P.O. Box 7447, Fredericksburg, VA 22404**
**Phone (540) 372-1182 – Fax (540) 372-1215**
**utilitybilling@fredericksburgva.gov**
**www.fredericksburgva.gov**

**CUSTOMER INFORMATION:**

Full Name: _____ Date: _____
Last First Middle

If Business, Name of Person Responsible for Payment: _____

Business Federal I.D. # _____

Service (Meter) Address: _____

Billing Address if different from Service Address: _____

_____

Home / Business Phone # _____ Cell Phone # _____

Email: _____

**EQUIFAX INFORMATION: (Residential ONLY)**

Social Security #: _____ DL or ID # _____

Date of Birth: _____ Gender (check one) Female ☐ Male ☐

Previous Address: _____

_____

**REQUEST:** **BI-MONTHLY BILLING**

**WATER:** ☐ Begin Date: _____ ☐ Terminate Date: _____

**TRASH:** (Paid in Advance) ☐ Begin Date: _____ ☐ Terminate Date: _____

**RECYCLING:** (No charge – Residential) ☐ Begin Date: _____ ☐ Terminate Date: _____

**UPON TERMINATION OF SERVICE, CARTS MUST BE PLACED ON CURB TO BE PICKED UP**

City Code dictates trash/recycling needs to be placed at curb the morning of collection. It is the responsibility of the customer to keep up with schedule changes for weather/holidays. Schedule changes are available on website www.fredericksburgva.gov or by signing up for trash alerts on www.fredericksburgalert.com

**CHANGE OF MAILING ADDRESS ONLY:**

New mailing address: _____

_____

Print Name: _____ Signature: _____

**FOR OFFICE USE ONLY**

NO DEPOSIT REQUIRED _____ DEPOSIT REQUIRED _____ EQUIFAX TRACKING # _____