

# REQUEST FOR UTILITY SERVICE - CITY OF FREDERICKSBURG, VIRGINIA

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

**Utility Billing**  
P.O. Box 7447, Fredericksburg, VA 22404  
Physical address: City Hall, 715 Princess Anne Street, Fredericksburg, VA 22401  
**Phone (540) 372-1182 (option 2) – Fax (540) 372-1215**  
[utilitybilling@fredericksburgva.gov](mailto:utilitybilling@fredericksburgva.gov)  
[www.fredericksburgva.gov](http://www.fredericksburgva.gov)

## CUSTOMER INFORMATION:

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

If business, name I would like on the bill \_\_\_\_\_

**After submitting your request form to us, please call the phone number above to provide your federal ID #.**

Service Address: \_\_\_\_\_

Billing Address if different from Service Address: \_\_\_\_\_

Home / Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

## **RESIDENTIAL SERVICE ONLY:** The following information is required for Equifax to determine if a deposit is needed

**After submitting your request form to us, please call the phone number above to provide your social security number AND drivers license number**

Year of Birth: \_\_\_\_\_ Gender (check one) Female  Male

Previous Address: \_\_\_\_\_

## Please begin or terminate my service as follows:

**WATER:**  Begin Date: \_\_\_\_\_  Terminate Date: \_\_\_\_\_

**TRASH:** (additional charge)  Begin Date: \_\_\_\_\_  Terminate Date: \_\_\_\_\_

**RECYCLING:** (No charge)  Begin Date: \_\_\_\_\_  Terminate Date: \_\_\_\_\_

## **UPON TERMINATION OF TRASH SERVICE, CANS MUST BE PLACED ON CURB TO BE PICKED UP**

Schedule changes for trash pickup, due to weather/holidays, are announced on [www.fredericksburgva.gov](http://www.fredericksburgva.gov).

Signing up for trash alerts on [www.fredericksburgalert.com](http://www.fredericksburgalert.com) is highly recommended.

## I would like to change the mailing address on my bill to:

New mailing address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

NO DEPOSIT REQUIRED \_\_\_\_\_ DEPOSIT REQUIRED \_\_\_\_\_ EQUIFAX TRACKING # \_\_\_\_\_