



WORK ORDER#
Town County
EL RC

Permanent
 Temporary

TOWN OF BEDFORD
215 E MAIN ST.
BEDFORD, VA 24523
PH (540) 587-6047 / FX (540)587-6143

APPLICATION FOR COMMERCIAL UTILITY SERVICE

DATE OF APPLICATION _____ DATE SERVICE DESIRED _____

DEPOSIT DATE _____ AMOUNT _____

NAME _____ S. S. # _____

T/A _____ FEDERAL ID # _____

ELECTRIC REFUSE

Service address (street #) (street name) _____ (Bedford or Big Island)

MAILING ADDRESS _____
(If different)

PHONE NUMBER: WORK _____ FAX _____

PROPERTY: OWN RENT LANDLORD _____

HAVE YOU PREVIOUSLY RECEIVED UTILITY SERVICE FROM THE TOWN OF BEDFORD?
YES NO

PREVIOUS SERVICED ADDRESS _____

OWNER OF BUSINESS _____

ADDRESS _____

NAME OF A/P CONTACT _____

THEIR CONTACT NUMBER _____

NAME OF DEPT HEAD OF BUSINESS _____
(Someone we can contact if service is to be interrupted)

ADDRESS _____ Phone # _____

Position: _____

I understand that this application for utility service with the Town of Bedford will establish an account in my name and that I will be responsible for all charges that are incurred on this account. I agree to abide by the terms and conditions of the Town Electric Tariff and other ordinances governing the utility services provided by the town of as amended from time to time by the Town Council of the Town of Bedford.

SIGNATURE: _____

PLEASE FAX COPY OF I.D.