



UTILITY BILLING OFFICE
215 E. Main Street | Bedford, Virginia 24523
(P) 540-587-6047 | (F) 540-587-6143
(E) billing@bedfordva.gov

COMMERCIAL UTILITY SERVICE APPLICATION

Application Date: _____ **Service Start Date:** _____

Business Name: _____

Federal ID #: _____

Owner Name: _____

Social Security #: _____

Phone #: _____

E-mail Address: _____

Service Address: _____

Mailing Address (if different than Service Address): _____

Select service type:

OWNED

RENT

Landlord Name: _____

RENT: CALL BILLING OFFICE FOR Deposit Required 540-587-6047
Option 1

Deposit Date: _____ **Deposit Amount:** _____

For current customers only:

Previous Service Address _____

Account Number _____ **Cut-off Date** _____



For Town customers only:

After initial service application, customers may opt in or opt out of refuse service bi-annually in **December** for January service and in **June** for July service.

Additional carts may be requested during the billing cycle. By checking the applicable box below and signing this application, I certify to follow the approved rules and procedures for Town refuse service.

- Opt-out** for Refuse Services
- Opt-in** for Refuse Services, (Price varies depending on amount of trash)

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 also 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 Bedford, as amended from time to time by the Town Council.

Signature:

Date: _____