

PARTIAL YEAR RESIDENT FORM

Name _____

Mailing Address

Local Address to be turned on

Local Telephone Number _____

Out-of-Town Telephone Number _____

By signing this form, you agree to abide by the rules and regulations of the Public Service Authority regarding this Customer Service program, which include:

1. Notifying the Customer Service office in writing via email (psacustomerservice@co.henry.va.us), fax (276 634-2558) or postal mail (P.O. Box 69, Collinsville, VA 24078) at least five business days prior to wanting your water service reconnected. **CONTACT MUST BE IN WRITING IN ORDER TO PARTICIPATE IN THIS PROGRAM.**
2. Paying any outstanding charges due on your account before your water service can be reconnected.
3. Paying a \$25 new account charge for each reconnection under this policy.

Once the Customer Service Office receives your request and verifies that there are no outstanding charges, you will be notified of your reconnection appointment.

We urge you to contact the PSA Office at (276) 634-2510 prior to returning to the area to ensure that your reconnection has been made.

If you have questions about this program please call the PSA Customer Service Office at (276) 634-2510. *This facility operates in a nondiscriminatory basis with regards to race, color, national origin, religion, sex, familial status, age or handicap. Complaints of discrimination may be sent to the U.S. Secretary of Agriculture, Washington, D.C. 20250.*

Customer Signature

PSA Office Verification

Date

FOR PSA USE ONLY

Account # _____