

TOWN OF CHARLOTTE COURT HOUSE
P.O. Box 246
Charlotte Court House, VA 23923

OFFICE HOURS: M-T 9:00 a.m. – 1:00 p.m.
(434) 542-5781

WATER SERVICE AGREEMENT

REQUIREMENTS FOR WATER SERVICE CUT-ON: \$90.00 refundable deposit
\$25.00 non-refundable connection fee
(a total \$115.00 must be paid prior to water being turned on)
Current mailing address and telephone number

WHAT YOU SHOULD KNOW:

- Water bills are due the 5th of each month.
- The minimum monthly charge is \$27.50.
- To avoid a 10% late penalty the entire water bill must be paid.
- Water service will be cut-off on the 15th of the month if an unpaid balance exists. (Extensions of time will not be granted.)
- A \$25.00 reconnect fee will be charged to reestablish water service that was discontinued due to non-payment.

For your convenience, a payment drop box is located near the front door of the Municipal Building. Please deposit checks and money orders only; DO NOT leave cash in the drop box.

You can pay by credit or debit card on the Town website: Towncch.com (click on the "Payments" tab).

The Bank of Charlotte County accepts water payments during their regular business hours.

WATER BILLING SCHEDULE			
Bills Mailed	Payment Due Date	10% Late Penalty Applied	Cut-off for Non-Payment
January 10, 2024	February 5, 2024	February 6, 2024	February 15, 2024
February 10, 2024	March 5, 2024	March 6, 2024	March 15, 2024
March 10, 2024	April 5, 2024	April 6, 2024	April 15, 2024
April 10, 2024	May 5, 2024	May 6, 2024	May 15, 2024
May 10, 2024	June 5, 2024	June 6, 2024	June 15, 2024
June 10, 2024	July 5, 2024	July 6, 2024	July 15, 2024
July 10, 2024	August 5, 2024	August 6, 2024	August 15, 2024
August 10, 2024	September 5, 2024	September 6, 2024	September 15, 2024
September 10, 2024	October 5, 2024	October 6, 2024	October 15, 2024
October 10, 2024	November 5, 2024	November 6, 2024	November 15, 2024
November 10, 2024	December 5, 2024	December 6, 2024	December 15, 2024
December 10, 2024	January 5, 2025	January 6, 2025	January 15, 2025

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Please detach and retain the upper portion of this document. Please return the lower portion with your payment.

I, the undersigned, have read and understand the above information and requirements.

SIGNATURE

DATE

PRINTED NAME

PROPERTY ADDRESS

MAILING ADDRESS

CONTACT PHONE NUMBER