



Storey County Public Works
 PO Box 435, Virginia City, NV 89440
 100 Toll Rd. Virginia City, NV 89440
 Phone 775-847-0958 Fax 775-847-0947
Pw-ap@storeycounty.org



Account # _____

Application for Water and/or Sewer Service

- **The applicant will pay a deposit of \$100 for residential accounts or \$150 for commercial accounts.**
- **The applicant will abide by the Storey County Code, rules, and regulations adopted for the water system.**
- **Owners/landlords will also be notified of any delinquencies incurred on account.**

Applicant Name _____ Co-Applicant _____

Date Service Requested _____

Property Location _____ APN # _____

Property Description _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email _____ Emergency Contact (name/number) _____

SIGNATURE _____ **DATE** _____

APPLICANT IS: OWNER MANAGER RENTER

IF SERVICE WILL BE IN THE TENANT'S NAME, THE PROPERTY OWNER MUST PROVIDE THE FOLLOWING INFORMATION AND SIGN THE CERTIFICATION.

The property owner agrees to put service in his/her name should tenant be delinquent by two or more payments.

OWNER INFORMATION

Name _____

Mailing Address _____

Phone _____ Email _____

I, (print name) _____ am the owner of the property for which water service is being requested. If the applicant fails to make payments in accordance with the rules, regulations, and ordinances of Storey County and the State of Nevada, I agree to be liable for those charges.

Signature of Property Owner _____ Date _____

"Storey County is an equal opportunity provider and employer."

OFFICE USE ONLY

DEPOSIT AMOUNT \$ _____ CK# _____ CASH CREDIT CARD _____

RECEIVED ON _____ BY _____

REFUNDED ON _____



Account # _____

(rev. 1/2001 as per Fed. Register Vol. 62, No. 210)

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Applicant: I do not wish to furnish this information

Ethnicity: Hispanic or Latin Not Hispanic or Latin

Race: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or other Pacific Islander White or Caucasian

Sex: Female Male

Co-Applicant: I do not wish to furnish this information

Ethnicity: Hispanic or Latin Not Hispanic or Latin

Race: American Indian or Alaska Native Asian Black or Africa American

Native Hawaiian or other Pacific Islander White or Caucasian

Sex: Female Male

Office Use Only

Applicant chose not to furnish the above information. Identification was made by:

Visual Observation

Surname