

CAMPBELL COUNTY UTILITIES and SERVICE AUTHORITY

CUSTOMER WATER SYSTEM QUESTIONNAIRE

Name:	Date:		
Address:			
(City)	(State)	(Zip)	
Home Telephone:	Work Telephone:		
Property Owner:			
Name:			
Address:			
(City)	(State)	(Zip)	
Telephone of property owner:	Call Phone:		
Account Number:			
Account Number.	L-IIIaII		
Please check any item that may apply to you	ır premises:		
Outside spigots without vacuum breakers	Baptismal pool		
Swimming pool	Dye vat		
Animal watering trough	Steam or hot water	Steam or hot water heating system	
Shampoo bowl/sink	Carbonated drink machine		
Private well, spring or cistern	Yard hydrant/yard spigot/standpipe		
Darkroom/photo development	Fish pond/decorative bird bath with pump		
Frost-proof spigot with vacuum breaker	Pressure booster pump		
Jacuzzi/hot tub	Solar heating system		
Frost-proof spigot without vacuum breaker	Dialysis equipment		
Lawn irrigation sprinkler system	Water storage tank		
Fire protection sprinkler system	Pressure washers		
Mop sink/laundry sink/utility sink with hose	Hose end sprayers	for fertilizer or other	
bib threads	lawn chemical syste	em applications	
Please offer a brief description of any other items or treasyour property:	atment units connected to t	he water system on	
Please list any existing cross connection control devices working properly:	s you have installed and if t	they appear to be	
Additional comments:			

Please return this completed form to:

Campbell County Utilities and Service Authority 20644 Timberlake Road Lynchburg, VA 24502