



**Giles County Public Service Authority
Solid Waste Services Rental Property**

OFFICE USE ONLY

Date Received: _____

Date Reviewed: _____

Service Number: _____

Customer Number: _____

General Property Information

Service Address: _____ Lot/Apt# _____

Town: _____ Zip Code: _____

Circle Yes or No: Public Water and/or Sewer? YES or NO HUD Property? YES or NO

Owner Information

Owner Name: _____

Owner Mailing Address: _____

Owner Physical Address: _____

Owner Phone Number: _____

Owner Social Security or Driver's License # and State: _____

Renter Information

Renter Name: _____

Co-Renter Name: _____

Renter Move-In Date: _____

(Renter) Drivers License # _____ (Co-Renter) Drivers License # _____

(Renter) Drivers License State _____ (Co-Renter) Drivers License State _____

(Renter) Social Security # _____ (Co-Renter) Social Security # _____

(Renter) Telephone # _____ (Co-Renter) Telephone # _____

Renter Mailing Address: _____

Renter Employer: _____

Co-Renter Employer: _____

Prior Renter Information

Prior Renter Name: _____

Prior Renter Date of Vacating Address: _____

Forwarding Address: _____

Owner Signature: _____ **Date:** _____

Submit to: Giles County Public Service Authority – 315 N Main St Pearisburg, VA 24134