

**SYSTEM DEVELOPMENT FEE PAYMENT SHEET
(REQUEST FOR INSTALLATION OF YOKE, BOX & METER)**

DATE:

REQUESTOR INFORMATION

NAME:

EMAIL:

COMPANY:

PHONE NUMBER:

ACCOUNTHOLDER INFORMATION

NAME:

FEDERAL TAX ID:

BILLING ADDRESS:

CITY/COUNTY:

STATE: ZIP +4:

CONTACT PERSON:

LOCATION INFORMATION

PROJECT NAME:

PROJECT#:

CITY/COUNTY:

STATE: VA ZIP +4:

METER SIZE FEE

1. LOT# ADDRESS:

2. LOT# ADDRESS:

3. LOT# ADDRESS:

4. LOT# ADDRESS:

5. LOT# ADDRESS:

SDF CREDIT:

TOTAL SDF PAYMENT DUE:

I acknowledge and accept fees as stated and will forward payment to begin work process within 14 days.

Requestor

Date

05/2023