W/S Customer Contact Form

Please check one:

- ❑ Water Complaint
- ❑ Sewer Complaint
- ❑ Other

Town of Round Hill
P.O. Box 36
23 Main St.
Round Hill, VA 2014
540-338-7878

Name: _____

Name on Account (if different): _____

Address: _____
Street City/Town State/Zip

Phone: _____ **Email:** _____

Preferred Method: ❑ **Phone** ❑ **Email** **Days/Time to Contact:** _____

Nature of Complaint - Please provide a detailed description of the problem to the best of your ability including a location, any equipment or people involved, etc. Attach additional sheets if necessary.

_____

_____

_____

_____

_____

Submitted by: _____ **Date:** _____

Please be aware that any issues from the meter to the home is the responsibility of the homeowner. Please call your local plumber for assistance with these issues as Staff are unable to access the homeowner's side of the system.

For Office Use Only:

Complaint Received by: _____ **Date:** _____

Complaint received: ❑ **In person** ❑ **Telephone** ❑ **Online** ❑ **Other** _____

Action taken: _____

_____

Is additional follow-up needed?: ❑ YES ❑ NO **Explain plan for additional follow-up:** _____

_____

_____

Issue resolved by: _____ **Date:** _____

Comments: _____

_____

Supervisor Signature: _____ **Date:** _____