Preston County PSD# 4
PO Box 370
Bruceton Mills WV 26525
304-379-3130
Prestoncountypsd4.com

Existing/Past Customer: □ No, New Customer □ If Yes, When ___/___/

Applicant Name: _____

Email: _____ Phone: _____

Driver Licenses #: (state:____) #: _____ Date of Birth: ____/___/____

Applicant Place of Employment: _____ Phone: _____

Spouse Name: _____

Email: _____ Phone: _____

Service Address:
_____City_____Zip_____

Mailing Address (if different):

_____City_____Zip_____
Service Address has: □ Pool □ Jacuzzi □ Is a Farm
Type of Service: □ Residential No. In Household_____
□ Commercial Type_____
□ Industrial Type_____
□ Other Type_____

□ Own: requested start date: _/__/____

New Tap only: EST. Service (line in ft) ___ ? Do you own up to road? □ Yes □No

(Only if Don't own up to road)

Do you have a right-of-way for utilities in place, and can you furnish paperwork? □ Yes □No

_____

□ Rent: Move in date: __/___/___

Property Owner's Name: _____
Owner's Address: _____City: _____ST: _____
Owners Phone: _____

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- **<u>**For Service Only</u>:** ** I hereby authorize the establishment of service in my name at the above property location and agree to pay for the service until I request a discontinuation in writing. This application is accepted as subject to service availability at this location.

- **<u>**For New Tap</u>:** ** I hereby authorize the establishment of service in my name at the above property location and agree to pay for the service for a minimum period of thirty-six (36) months after the tap is installed.

- ***<u>I agree to pay</u>*** the monthly bill once water is provided to me and service is established in my name and understand the due date is the 20th of every month. If payment is not made by this date, I may be subject to Fees and/or termination of service.

- ***<u>Tariffs:</u>* Late Fee:** 10% late fee will be added to any balance not paid for the month of due date. ***Termination of service*:** it will only resume after the full balance, including a $25.00 reconnection fee, has been paid in full. ***Returned checks:*** must be settled by the 20th of the billing cycle in which a notice of the full balance and the returned check fee was mailed. Failure to comply may result in termination of service.

- **<u>I agree to maintain the meter pit free from any obstructions</u>,** including but not limited to vehicles, objects (such as tires, building supplies, etc.), fencing, or any other obstacles within my control that may prevent PSD #4 from accessing the meter pit. I am aware the meter pit and the hardware contained within are the property of PSD #4.

By signing below, I acknowledge that I have read, understand, and agree to comply with all statements, terms, and conditions set forth in this water service application, including any written notices or instructions provided by PSD #4.

Applicant's Signature: _____ DATE: _____

Print Name of Signer: _____
(PLEASE PRINT)

(OFFICE USE ONLY:)
Account No. _____ Seq _____ **Meter No.**_____

Deposit Amount _____ Tap Fee ☐ Payment type_____Ck_____Date:_____