

APPLICATION FOR SERVICE

WATER { } SEWER { } BOTH { }
NEW CUSTOMER { } PREVIOUS CUSTOMER { } IF SO, WHEN _____

NAME: _____

MAILING ADDRESS: _____

PROPERTY LOCATION: _____

RENT { } OWN { } OTHER { } PHONE: _____

TYPE OF SERVICE: RESIDENTIAL { } NUMBER IN HOUSEHOLD: _____
COMMERCIAL { } TYPE: _____
INDUSTRIAL { } TYPE: _____

APPLICANT'S PLACE OF EMPLOYMENT _____

ADDRESS: _____ PHONE: _____

SPOUSE'S NAME: _____

SPOUSE'S PLACE OF EMPLOYMENT: _____

ADDRESS: _____ PHONE: _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED AT MY REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION AND PURSUANT TO THE RULES AND REGULATIONS OF THE WV PUBLIC SERVICE COMMISSION.

APPLICANT #1
SIGNATURE: _____ DATE: _____

APPLICANT #2 SIGNATURE: _____ DATE: _____

UTILITY REPRESENTATIVE: _____ DATE: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race: (Mark one or more)

White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____

Ethnicity:

Hispanic or Latino _____
Not Hispanic or Latino _____

DISCLAIMER

In accordance with WV Legislative Rule, Title 64, Series 15, Section 4, and all sections and subsections therein, entitled: *Cross Connection and Backflow Prevention*, effective 03-13-04, I agree not to “install or maintain an unprotected cross connection” (e.g. well) to the public water system. I also agree to allow entry to the herein named premises by an employee(s) or agent of the Public Service District for the purpose of inspecting and determining if an unprotected cross-connection exists. In the event it is determined that an unprotected cross-connection exists, I agree to install, at my expense, an approved backflow assembly device as determined by the purveyor and by the degree of hazard to the potable water system.

By: _____ Date: _____

FOR OFFICE USE ONLY

NAME: _____ ACCOUNT NO.: _____

APPLICANT #1 DL # _____ SS# _____

APPLICANT #2 DL # _____ SS# _____

DEPOSIT AMOUNT: _____ TAP FEE AMOUNT: _____

METER SIZE: _____ METER NO.: _____

METER ROUTE: _____ METER READING: _____

DATE ON: _____ DATE OFF: _____ CUSTOMER REQUEST { } TERMINATED { }