

UNION PUBLIC SERVICE DISTRICT
APPLICATION FOR SERVICE

BUSINESS NAME _____

WVAW ACCT # _____ WVAW PREMISE # _____

SERVICE ADDRESS _____

MAILING ADDRESS _____
(IF DIFFERENT)

PHONE _____ FAX _____ FEIN _____

EMAIL _____

TYPE OF BUSINESS _____ PRIMARY CONTACT _____

PLEASE CHECK WHICH APPLIES FOR ABOVE SERVICE ADDRESS? OWN RENT / LEASE

PLEASE CHECK IF YOU ANTICIPATE THE DISPOSAL OF ANY OF THE FOLLWING VIA SANITARY SEWER?

| | | | |
|----------------------|-------------------|------------|--------|
| BIOLOGICAL / MEDICAL | CHEMICAL | INDUSTRIAL | SEPTIC |
| TREATED EFFLUENT | RESTAURANT GREASE | FLAMMABLE | |

PLEASE EXPLAIN _____

Your deposit will be held for one full term which consists of at least 12 consecutive months of on time payments or until the close of sewer service according to WV PSC guidelines. A late payment will constitute the beginning of a new term. Once your account is no longer active, the deposit will be applied to any outstanding balances and the remaining difference will be refunded to you including interest at the current rate as determined by the WV Public Service Commission. The acceptance of this application does not guarantee availability of service to this location.

I, on behalf of said organization, do hereby authorize sewer service to be established in the above company's name at the above address with the understanding that it will be held responsible for any and all charges incurred until the time that of the discontinue of water service. Furthermore, I attest that the above information is true and correct to the best of my knowledge.

SIGNATURE OF AUTHORITY _____ DATE _____