

UNION PUBLIC SERVICE DISTRICT
APPLICATION FOR SERVICE

NAME _____

WVAW ACCT # _____ WVAW PREMISE # _____

SERVICE ADDRESS _____

MAILING ADDRESS _____
(IF DIFFERENT)

PHONE _____ CELL _____ SS # _____

EMAIL _____

SPOUSE (OR OTHER AUTHORIZED USER) _____ SS # _____

EMAIL _____ CELL _____

ARE YOU CURRENTLY THE OWNER OF THE ABOVE PROPERTY? YES NO

Your deposit will be held for one full term which consists of at least 12 consecutive months of on time payments. 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 Once your account is no longer active, the deposit will be applied to any outstanding balances and the remaining difference will be refunded to you including interest at the current rate in accordance with the WV Public Service Commission. The acceptance of this application does not guarantee availability of service to this location.

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

SIGNATURE OF APPLICANT _____ DATE _____

State of _____ County of _____ The foregoing instrument was

acknowledged before me this _____ by _____.

My commission expires _____.

Notary Public