

# UNION PUBLIC SERVICE DISTRICT

5110 W Washington St.

PO Box 7350

Cross Lanes, WV 25356

## APPLICATION FOR NEW SEWER TAP

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Service Address \_\_\_\_\_

Phone \_\_\_\_\_ WVAW Acct. \_\_\_\_\_

Email \_\_\_\_\_ WVAW Premise \_\_\_\_\_

Number of Taps \_\_\_\_\_ Number of Dwellings Served \_\_\_\_\_

I, \_\_\_\_\_, formally request the above number of taps for sanitary sewage collection at the stated location. I agree to the adherence to all requirements and regulations of Union Public Service District, WV Department of Health, and the Planning and Zoning Commission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_