



Green Valley/Glenwood PSD Application for Service

DATE _____ ACCOUNT NUMBER _____

PREVIOUS CUSTOMER () WHEN: _____ NEW CUSTOMER ()

APPLICANT NAME _____ APPLICANT PHONE NO: _____

CO-APPLICANT NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

APPLICANT SS# _____ DRIVER LICENSE # _____ D.O.B _____

CO-APPLICANT SS# _____ DRIVER LICENSE # _____ D.O.B _____

RENT () OWN () OTHER: _____

IF RENT: PROPERTY OWNERS NAME _____

PROPERTY OWNERS ADDRESS _____ PHONE # _____

TYPE OF SERVICE: RESIDENTIAL () NO. IN HOUSEHOLD _____
COMMERCIAL () TYPE _____
INDUSTRIAL () TYPE _____

APPLICANT PLACE OF EMPLOYMENT _____
ADDRESS _____ PHONE _____

CO-APPLICANT PLACE OF EMPLOYMENT _____
ADDRESS _____ PHONE _____

IMPORTANT: PLEASE READ

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION. THE AMOUNT OF ANY SECURITY DEPOSIT WILL BE REFUNDED IN ACCORDANCE WITH THE RULE AND REGULATIONS OF THE W.VA. PUBLIC SERVICE COMMISSION. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. ALL WATER SERVICES MUST HAVE PRESSURE REDUCING VAVLE, CHECK VALVE, AND, VAVLE ON THE WATER LINE WERE IT ENTERS THE HOME OR BUSINESS.

IF YOU ARE THE PROPERTY OWNER, THE DEPOSIT WILL BE REFUNDED IF ALL BILLS ARE PAID BY DUE DATE FOR 12 CONSECUTIVE MONTHS. IF YOU RENT, THE DEPOSIT WILL BE REFUNDED ON YOUR FINAL BILL.

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY

UTILITY SIGNATURE _____ METER SIZE _____ METER # _____

WATER DEPOSIT _____ SEWER DEPOSIT _____

WATER TAP FEE _____ SEWER TAP FEE _____