

SISSONVILLE PUBLIC SERVICE DISTRICT

APPLICATION FOR SEWER SERVICE

PREVIOUS CUSTOMER () IF SO, WHEN _____ NEW CUSTOMER ()

DEPOSIT AMOUNT _____ TAP FEE AMOUNT _____ RECEIPT # _____

NAME: _____

ADDRESS: _____

SERVICE ADDRESS: _____

RENT () OWN ()

IF RENT: PROPERTY OWNER'S NAME _____

ADDRESS: _____

PHONE NUMBER: _____

TYPE OF SERVICE: RESIDENTIAL () COMMERCIAL () INDUSTRIAL ()

PLACE OF EMPLOYMENT: _____

PHONE NUMBER: HOME _____ OFFICE _____

SOCIAL SECURITY NUMBER: _____

SPOUSE'S NAME: _____

PLACE OF EMPLOYMENT: _____

PHONE NUMBER: HOME _____ OFFICE _____

SOCIAL SECURITY NUMBER: _____

WV-AMERICAN WATER ACCOUNT NUMBER: _____

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

APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY

CONTACT PERSON: (WV-AMERICAN WATER CO.) _____

DATE: _____ TIME CALLED: _____

UTILITY REPRESENTATIVE: _____