



APPLICATION FOR WATER SERVICE

All applications require: Valid State Issued Photo ID.
Renter applications also require- copy of sign rental agreement from landlord
The deposit amount of \$75.00 is due at time service is established.

ACCOUNT NO: _____

PROPERTY LOCATION ADDRESS: _____

APPLICANT NAME: _____

MAILING ADDRESS: _____

DRIVER LIC/ID NO: _____ D.O.B. _____ SOCIAL SECURITY NO: _____

CELL NO: _____ HOME NO: _____

EMPLOYER NAME: _____ WORK NO: _____

CO-APPLICANT NAME: _____

DRIVER LIC/ID NO: _____ D.O.B. _____ SOCIAL SECURITY NO: _____

CELL NO: _____ HOME NO: _____

EMPLOYER NAME: _____ WORK NO: _____

OWN () RENT () OTHER _____

IF RENT: PROPERTY OWNERS NAME: _____

PROPERTY OWNERS PHONE NO: _____

RENTAL AGREEMENT ON FILE () YES () NO () OTHER _____

TYPE OF SERVICE: Residential () NO. IN HOUSEHOLD _____

Commercial () Type _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL I SUBMIT THE REQUIRED DISCONNECTION FORM. I AGREE ALL THE ABOVE INFORMATION IS TRUE AND THAT ANY FALSE INFORMATION IS FRAUDULENT AND WILL RESULT IN A DISCONNECTION OF SERVICE. I UNDERSTAND MY \$75.00 DEPOSIT WILL BE HELD FOR TWELVE (12) MONTHS OR MORE. IF ACCOUNT BALANCE HAS REMAINED CURRENT DURING THIS TERM, THE DEPOSIT, WITH INTEREST, WILL BE CREDITED TO MY ACCOUNT. IF A RENTER, I UNDERSTAND MY DEPOSIT WILL BE HELD UNTIL I MOVE FROM RESIDENCE AND MY FINAL BILL HAS BEEN PAID IN FULL. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES AT THIS LOCATION, DUE AND PAYABLE WITHIN TWENTY (20) DAYS OF RECEIPT OF BILLING STATEMENT. I AGREE TO PAY THE BILL REGARDLESS OF ANY USPS DELIVERY ISSUES THAT MAY RESULT IN A 10% PENALTY.

APPLICANTS SIGNATURE: _____ Date: _____

CO-APPLICANTS SIGNATURE: _____ Date: _____

For Office Use Only

METER SIZE: _____ METER NO: _____ METER READING: _____

DATE ON: _____ DEPOSIT AMT PAID: _____ CASH OR CHECK NO: _____

CLAY ROANE PUBLIC SERVICE DISTRICT
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