

VALLEY FALLS PUBLIC SERVICE DISTRICT
PO BOX 477 FAIRMONT, WV 26555-0477
304-363-0570

FORMER CUSTOMER _____

APPLICANT _____ SS# _____

CO-APPLICANT _____ SS# _____

MAILING ADDRESS _____

PROPERTY LOCATION _____

HOME PHONE # _____ ALTERNATE PHONE # _____

PLACE OF EMPLOYMENT APPLICANT _____

ADDRESS _____

PLACE OF EMPLOYMENT CO-APPLICANT _____

ADDRESS _____

I hereby authorize service to be established in 30 days, in my name at the above address and location and agree to pay for the service until request of discontinuation. I understand that this application is accepted subject to the availability of service at this location, and that I am responsible for keeping my meter accessible and free from debris. Also, I understand that there shall be no physical connection between the distribution system and any pipe, pumps, hydrants, or tanks whereby unsafe water or other contaminating materials may be discharged or drawn into the system. I agree that I am responsible for a minimum bill 36 consecutive months even if I fail or choose not to connect, from the date I sign this application.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

UTILITY REPRESENTATIVE _____ DATE _____

DEPOSIT REQUIRED YES NO

DEPOSIT AMOUNT \$ _____

NEW TAP FEE \$ _____

METER READING _____

DATE ON _____ DATE OFF _____

SECURITY DEPOSIT REFUNDABLE WHEN 12 CONSECUTIVE
PAYMENTS ARE MADE ON TIME.

CASH _____

VALLEY FALLS PSD

CHECK _____

BY _____

WATER ACCOUNT # _____

METER SERIAL # _____

ETR # _____