

RESIDENTIAL APPLICATION FOR SERVICES

Date: _____	Name: Last First MI Maiden	Driver's License #: _____
Address for Service		State: _____
Number Street		
Mailing Address (if different than service address)		
Number Street City State Zip Code		
Phone: () _____ () _____	How would you like to receive your bill? Paper <input type="checkbox"/> E-Bill <input type="checkbox"/>	Email Address if you are requesting e-bills: _____
Spouse/Other: Name _____	Phone: () _____	
Do you have service w/ us at another address? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, list address(es) _____ _____	
Do you Own or Rent at this address?	Do you wish to continue service at that address? If renting, provide landlord's contact information:	
	Name Phone Address	
If you Own, will this be used as rental property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Service start date	Would you like to register for Automatic Payments Yes No
		Emergency Notifications Yes No
INITIAL AND SIGN BELOW		
<p>_____ I hereby authorize service to be established in my name at the location listed above and agree to pay for service at said address from the date of connection to the date a shut off is signed in the office or by written request if submitted by means other than in person.</p> <p>_____ I understand that current water pressure conditions for said service may or may not be at standard average pressure established for the water system and do hereby agree to accept said service with the presented water pressure as is currently available and do hereby waive pressure rights relative to said service.</p>		
Applicant Signature _____		Date _____

OFFICE USE ONLY

New Account Number	Account Number	
Previous Account Past Due	Account Number	Amount
Water Deposit Collected	Amount	Receipt Number
Sewer Deposit Collected	Amount	Receipt Number
Deposit Transferred From	Account Number	Receipt Number
		Original Deposit Date

**Moundsville Water & Sanitary
Boards**

800 6th Street
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