

WILDERNESS PUBLIC SERVICE DISTRICT

**P O BOX 37
MOUNT NEBO WV 26679
304-872-1598**

RESIDENTIAL APPLICATION FOR SERVICE Revised: 11/2018

****ALL INFORMATION MUST BE COMPLETE BEFORE SERVICE WILL BE PROVIDED****

COPY OF DRIVERS' LICENSE IS REQUIRED FOR IDENTIFICATION

COPY OF PROPERTY MAP AND DEED REQUIRED FOR NEW TAP

PREVIOUS CUSTOMER: YES NO (CIRCLE ONE) EXISTING SERVICE ___ OR NEW TAP ___

BILLING NAME(S) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

911 PHYSICAL ADDRESS OF PROPERTY TO BE SERVED: _____

PHONE # _____ ALT PHONE# _____

E-MAIL _____

PROPERTY (LAND) TO BE SERVED: (CIRCLE ONE) TENANT OWN
(Proof of Ownership Required)

IF TENANT, COMPLETE THE FOLLOWING:

PROPERTY OWNER'S NAME _____ PHONE NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NO. _____ - _____ - _____ DRIVER'S LICENSE/ID #: _____
(COPY REQUIRED)

PLACE OF EMPLOYMENT _____ PHONE NO. _____

SPOUSE OR CO-APPLICANT NAME _____

PLACE OF EMPLOYMENT _____ PHONE NO. _____

SOCIAL SECURITY NO. _____ - _____ - _____ DRIVER'S LICENSE NO. _____
(COPY REQUIRED)

I hereby authorize service to be established in my name at the above property location and agree to pay for service until disconnected by my written request. I understand that this application is accepted subject to the availability of service at this location and verification of correct information provided.

APPLICANT'S SIGNATURE _____ DATE _____ 20__

UTILITY REPRESENTATIVE _____ DATE _____ 20__

PROPERTY OWNER DEPOSITS WILL BE REFUNDED WITH INTEREST AFTER TWELVE (12) CONSECUTIVE PAYMENTS ARE MADE WITH NO PENALTYS. TENANTS' DEPOSITS WILL BE HELD UNTIL SERVICE IS DISCONTINUED. PHONE NO. REGISTERED CODE RED _____

OFFICE USE ONLY

SECURITY DEPOSIT \$67.00 _____ TRANSFER DEPOSIT FROM ACCT. _____

PREVIOUS ACCT. NO. _____ - _____ - _____ NEW ACCOUNT NO. _____ - _____ - _____

WORKORDER REQUEST: _____

TURN ON DATE REQUESTED _____ 20__ SET DATE _____ 20__