

WILDERNESS PUBLIC SERVICE DISTRICT

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

**APPLICATION FOR SERVICE
(BUSINESS/COMMERCIAL/NON-RESIDENTIAL)**

Revised 11/21

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

*** COPY OF DRIVERS' LICENSE IS REQUIRED FOR IDENTIFICATION*
* COPY OF PROPERTY DEED/SURVEY REQUIRED FOR NEW TAP***

BUSINESS NAME _____

OWNER/OFFICER NAME _____ PHONE NO. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

IF PO BOX, PHYSICAL ADDRESS (E911) _____

PROPERTY (LAND) TO BE SERVED: circle one TENANT OWN
(proof of ownership required)

PHYSICAL ADDRESS OF PROPERTY LOCATION TO BE SERVED _____

IF TENANT, COMPLETE THE FOLLOWING:
PROPERTY OWNER'S NAME _____ PHONE NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TYPE OF SERVICE: COMMERCIAL _____ TYPE _____ METER SIZE REQUIRED _____
INDUSTRIAL _____ TYPE _____ METER SIZE REQUIREED _____
OTHER _____ TYPE _____ METER SIZE REQUIRED _____

FED. ID NO.: _____ - _____

OWNER/OFFICER
SOCIAL SECURITY NO _____ - _____ - _____ DRIVER'S LICENSE NO. _____

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____

CO-APPLICANT SIGNATURE _____ DATE _____ 20____

OFFICE USE ONLY
AMOUNT OF SECURITY DEPOSIT **\$162.00**
DATE PAID _____ 20____ DEPOSIT WILL BE REFUNDED WITH INTEREST AFTER
TWELVE (12) CONSECUTIVE PAYMENTS ARE MADE WITH NO PENALTY'S IF PROPERTY IS
OWNED, OTHERWISE IT WILL BE HELD UNTIL SERVICE IS DISCONTINUED.
PREVIOUS ACCT NO: _____ - _____ - _____ ACCOUNT NUMBER _____ - _____ - _____
TURN ON DATE REQUESTED _____ 20____