

**SUMMERSVILLE WATER WORKS**

**P.O. Box 525**

**Summersville, WV 26651**

**(304) 872-1211**

**APPLICATION FOR WATER/SEWER**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_ NEW CUSTOMER: \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PREVIOUS CUST: \_\_\_\_\_

RENT: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

OWN: \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ NUMBER IN HOUSEHOLD \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

I hereby authorize service to be established in my name at the above service location and agree to pay for service until discontinued at my request. I understand there will be a \$\_\_\_\_\_ deposit to be held for at least twelve (12) months. If account balance has remained current and twelve (12) consecutive payments have been made during this term, the deposit, with interest will be refunded or credited to my account for customers who are **not** tenants. Deposit will be refunded to a **tenant** when service is discontinued at their request. 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.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_