

APPLICATION FOR WATER/SEWER SERVICE

KANAWHA FALLS PUBLIC SERVICE DISTRICT
P. O. BOX 448
GAULEY BRIDGE, WV 25085
Phone (304) 632-1633

DATE MOVED IN: _____

PREVIOUS CUSTOMER () IF SO, WHEN _____ NUMBER IN HOUSEHOLD: _____

NAME: _____ PHONE #: _____

P.O. OFFICE BOX # _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ DRIVER'S LIC # _____

SPOUSE: _____ SOCIAL SECURITY #: _____

DRIVER LICENSE # _____ STATE: _____

PREVIOUS ADDRESS & PHONE #: _____

NAME, AGES & RELATIONSHIP OF ALL PEOPLE WHO WILL BE LIVING IN RESIDENCE: _____

COMPLETE NAME, ADDRESS & PHONE NUMBER OF TWO (2) RELATIVES NOT LIVING IN HOUSEHOLD: _____

PHYSICAL 911 ADDRESS OF PROPERTY: _____

RENT () OWN () OTHER _____

IF RENTING, PROPERTY OWNER'S NAME: _____

ADDRESS & PHONE #: _____

RESIDENTIAL () COMMERCIAL () INDUSTRIAL ()

APPLICANT'S PLACE OF EMPLOYMENT: _____

COMPLETE ADDRESS & PHONE #: _____

POSITION HELD: _____ SUPERVISOR'S NAME: _____

SPOUSE'S PLACE OF EMPLOYMENT: _____

COMPLETE ADDRESS & PHONE #: _____

POSITION HELD: _____ SUPERVISOR'S NAME: _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION
AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY REQUEST IN WRITING. I UNDERSTAND
THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

UTILITY REPRESENTATIVE: _____ DATE: _____

DEPOSIT AMOUNT: \$ _____ TAP FEE AMOUNT: \$ _____ RECEIPT #: _____

METER #: _____ ACCOUNT #: _____

UNDER U.S. CODE TITLE 42, SECTION 3001-1 TAMPERING WITH ANY WATER/SEWER FACILITY PROPERTY (INCLUDING
WATER METERS) IS A FEDERAL OFFENSE PUNISHABLE BY FINE OR IMPRISONMENT. THIS IS CONSIDERED AN ACT OF
TERRORISM.

THE CUSTOMER AGREES TO PERMIT A WATER METER TO BE LOCATED UPON SAID PREMISES AND WATER AND SEWAGE LINE TO BE LAID TO IT AND TO OTHER CUSTOMERS ADJACENT TO AND BEYOND SAID PREMISES. THE CUSTOMER HERBY AGREES THAT EMPLOYEES OF KANANWHA FALLS PUBLIC SERVICE DISTRICT SHALL HAVE THE RIGHT TO ENTER UPON THE PREMISES TO READ THE METERS AND TO REPAIR THE LINES OF THE COMPANY AND THE METER THAT IS ON THE PREMISES. THE CUSTOMER ASSUMES ALL LIABILITY FOR DAMAGE OR INJURY TO PERSONS OR PROPERTY INCIDENT TO THE USE OF WATER FROM THE COMPANY.

THIS APPLICATION SHALL NOT BE BINDING UNTIL APPROVAL OF KANAWHA FALLS PUBLIC SERVICE DISTRICT IS WRITTEN HEREON. IN CASE OF NON-PAYMENT OF EITHER THE WATER/SEWER BILL OR IN THE CASE OF THE CUSTOMER TAMPERING WITH THE METER, METER BOX, AND CONNECTION; THE CUSTOMER GIVES PERMISSION FOR THE EMPLOYEES OF KANAWHA FALLS PUBLIC SERVICE DISTRICT TO ENTER UPON THE PROPERTY TO DISCONNECT THE SERVICE OR TO REPAIR THE SYSTEM AS LONG AS THE DISTRICT COMPLIES WITH THE REGULATIONS OF WEST VIRGINIA PUBLIC SERVICE COMMISSION PERTAINING TO DISCONNECTION OF CUSTOMERS.

THE CUSTOMER UNDERSTANDS THAT HE/SHE IS NOT TO TAMPER WITH THE METER OR THE METER BOX. IN THE EVENT THAT THE METER BOX, METER OR CONNECTIONS SHOULD BE INJURED WHILE ON THE PROPERTY OF THE CUSTOMER, THE CUSTOMER IS LIABLE FOR ANY DAMAGES EITHER BY THE CUSTOMER, ITS AGENTS, INVITEES OR TREPASSEERS ON THE PROPERTY.

Initial Here.....
THE CUSTOMER UNDERSTANDS THAT HE/SHE IS RESPONSIBLE IN NOTIFYING KANAWHA FALLS PSD WHEN THIS SERVICE SHOULD BE DISCONNECTED, THIS IS NOT THE LANDLORD'S RESPONSIBILITY. IF PROPER NOTIFICATION FROM THE CUSTOMER IS NOT GIVEN THEN THE CUSTOMER WILL BE RESPONSIBLE FOR ALL CHARGES THAT OCCUR THEREAFTER.

THE CUSTOMER HEREBY CERTIFIES THAT THE WATER IS TO BE FURNISHED TO THE CUSTOMER SIGNED BELOW AND HIS OR HER IMMEDIATE FAMILY. THE CUSTOMER CERTIFIES TO THE DISTRICT THAT THIS APPLICATION IS NOT MADE TO SUPPLY WATER SERVICE TO SOMEONE ELSE WHO DOES NOT QUALIFY FOR WATER OR SEWAGE SERVICE BECAUSE OF NON-PAYMENT OF PAST BILLS. IN THE EVENT THAT KANAWHA FALLS PUBLIC SERVICE DISTRICT FINDS THAT THIS IS A FRAUDULENT APPLICATION, THEY HAVE THE RIGHT TO DISCONNECT SERVICE WITH THREE (3) DAYS NOTICE. IN ANY CASE, THE PERSON SIGNING THIS APPLICATION SHALL BE RESPONSIBLE FOR THE WATER OR SEWAGE SERVICE FEES TO THE ABOVE-DESCRIBED PROPERTY.

APPLICANT'S NAME: _____ DATE: _____
(PRINT NAME)

APPLICANT'S SIGNATURE: _____

KEPSD REPRESENTATIVE: _____