

NITRO REGIONAL WASTEWATER UTILITY

PO BOX 607 * NITRO * WEST VIRGINIA * PHONE (304) 755-3669 * FAX (304) 755-1382

APPLICATION FOR SERVICE

OWNER

SEWER DEPOSIT \$70.00

CASH _____ DATE PAID _____

NRWU# _____

MONEY ORDER _____ DATE PAID _____ +PREMISE# _____

WV AMERICAN WATER COMPANY ACCT

PREVIOUS CUSTOMER OF NITRO REGIONAL WASTEWATER UTILTIY YES NO (PLEASE CIRCLE)

If so, when _____ Previous address _____

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

PHONE# _____ CELL# _____ SS# _____

EMAIL _____

DRIVER'S LICENSE # _____ (ATTACH COPY)

EMPLOYER _____ WORK# _____

NAME OF SPOUSE _____ SS# _____

EMPLOYER _____ WORK# _____

ARE YOU CURRENTLY THE OWNER OF THE ABOVE PROPERTY? _____ YES _____ NO

Your deposit will be held for one full term which consists of at least 12 consecutive months of on time payments. A late payment will constitute the beginning of a new term. Once your account is no longer active, the deposit will be applied to any outstanding balances and the remaining difference will be refunded to you including interest at the current rate in accordance with the WV Public Service Commission. The acceptance of the application does not guarantee availability of service to this location.

I hereby authorize sewer service to be established in my name at the above address with the understanding that I will be held responsible for any and all charges incurred until the time that I discontinue water service. Furthermore, I attest that the above information is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE: WVAW emailed Date/Time _____ Response date _____