

ENLARGED HEPZIBAH PSD
POST OFFICE BOX 85, 18 SABLE CIRCLE
REYNOLDSVILLE, WV 26422
TELEPHONE - 304-623-2217/FAX – 304-626-3326
ENLARGEDHEPZIBAH@ENLARGEDHEPZIBAHPSD.COM

DARLENE SWIGER, CHAIRMAN
SHARON HAMILTON, TREASURER

FRED MARTIN, SECRETARY
KEVIN SHORT, GENERAL MANAGER

CUSTOMER APPLICATION

ACCOUNT #: _____ **TURN ON DATE:** _____ **RENT** _____ **OWN** _____ **OTHER** _____

PREVIOUS CUSTOMER: _____ **WATER** _____ **SEWER** _____ **BOTH** _____

NAME: _____ **SOCIAL SECURITY #:** _____

MAILING ADDRESS: _____

PROPERTY LOCATION: _____ **NUMBER IN HOUSEHOLD** _____

PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

PROPERTY OWNER'S NAME: _____ **PHONE:** _____

TYPE OF SERVICE: RESIDENTIAL: _____ **COMMERCIAL** _____ **INDUSTRIAL** _____

APPLICANTS PLACE OF EMPLOYMENT: _____

ADDRESS: _____ **PHONE:** _____

SPOUSE'S NAME: _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONNECTED AT MY REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION AND PURSUANT TO THE RULES AND REGULATIONS OF THE WV PUBLIC SERVICE COMMISSION.

APPLICANT #1 SIGNATURE: _____ **DATE:** _____

APPLICANT #2 SIGNATURE: _____ **DATE:** _____

UTILITY REPRESENTATIVE: _____ **DATE:** _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your or to discriminate against you in anyway. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race: (mark one or more)

White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Pacific Islander _____

Ethnicity:

Hispanic or Latino _____
Not Hispanic or Latino _____

DISCLAIMER

In accordance with the WV Legislative Rule, Title 64, Series 15, Section 4, and all sections and subsections therein, entitled: Cross Connection and Backflow Prevention, effective 03-13-04, I agree not to "install or maintain an unprotected cross connection" (e.g. well) to the public water system. I also agree to allow entry to the herein named premises by an employee(s) or agent of the Public Service District for the purpose of inspecting and determining if an unprotected cross-connection exists. In the event it is determined that an unprotected cross-connection exists, I agree to install, at my expense, an approved backflow assembly device as determined by the surveyor and by the degree of hazard to the potable water system.

By: _____ **Date:** _____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the US Department of Agriculture, Office of the Assistant Secretary, 1400 Independence Avenue, SW, Washington, DC 20250-9410. (866)632-2992

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CUSTOMER'S DEPOSIT AGREEMENT

As regulated by the Public Service Commission, the West Virginia Legislature passed house bill #2108, April 8, 1989. The following rules and regulations are in effect from the date of passage.

Enlarged Hepzibah Public Service District must collect a minimum of \$102.00 deposit from each new applicant for water service, and \$85.00 from each new applicant for sewage service.

If the applicant is a tenant, not the owner, then he/she must furnish the District with the name and mailing address of the owner before service can be provided.

If the customer makes 12 consecutive monthly payments on time without penalty, the deposit will be refunded on the 13th month. If the customer is late one of the 12 months, another 12-month period will begin after delinquency.

If service is discontinued for a delinquent bill, the amount of the delinquency plus the reconnect charge will be deducted from the original deposit for each utility before service can be restored.

I have read the above deposit agreement. I understand that in order to receive my deposit back, I must make 12 consecutive payments on time without penalty. I have also read the terms of the agreement and agree by them.

Customer's Signature _____ Date _____

Spouse's Signature _____ Date _____