PO Box 190

West Milford, WV

26451

**Phone**: 304-745-3463

**Fax**: 304-745-5327

**www.greaterharrison.com**

**greaterharrisonpsd@gmail.com**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **APPLICATION FOR WATER/SEWER SERVICE**  PLEASE FILL OUT ENTIRE APPLICATION WHERE APPLICABLE | | |
|  |  | |  |
| **ACCOUNT#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PREMISE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| NAME ON |  | SPOUSE/ROOM | |
| ACCOUNT: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ MATE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **DRIVER** |  | **DRIVER** | |
| **LICENSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LICENSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  SOCIAL  SECURITY # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMPLOYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **MAILING** |  |  |  |
| **ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| SERVICE |  |  |  |
| ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **HOME** | **CELL** | **EMAIL** | |

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

WOULD YOU LIKE TO RECEIVE A

PAPER BILL OR E-BILL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IF RENTING

LANDLORD'S PHONE

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

**LIST PEOPLE 18 & OVER**

**LIVING IN THE HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# of ADULTS TOTAL NUMBER

IN THE HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTIONS FROM GHPSD or the INTERSTATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*WATER ONLY CUSTOMERS**: HAVE YOU SIGNED UP FOR SERVICE WITH YOUR SEWAGE COMPANY? **CIRCLE:** YES OR NO

**\*\***PLEASE PROVIDE COPY OF RECEIPT FROM SEWAGE COMPANY

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL REGULATIONS 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 APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASIAN: \_\_\_\_\_\_\_\_\_\_AMERICAN INDIAN/ALASKA NATIVE: \_\_\_\_\_\_\_\_\_\_NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNICITY:** HISPANIC OR LATINO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOT HISPANIC OR LATINO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILTY OF SERVICE AT THIS LOCATION. I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. (SERVICE OBTAINED BY FRAUD RUNS THE RISK OF TERMINATION WITHOUT NOTICE)

**APPLICANT'S**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT'S**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(NOTARIAL SEAL)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY PUBLIC**

**My Commission Expires:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

WTAP FEE\_\_\_\_\_\_

WDEP FEE\_\_\_\_\_\_

STAP FEE\_\_\_\_\_\_

SDEP FEE\_\_\_\_\_\_

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

CSR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

“This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.” To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (Voice) or (202) 720-6382 (TDD).

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**Water Users Agreement**

**THIS AGREEMENT** entered into and between the **GREATER HARRISON COUNTY PUBLIC SERVICE DISTRICT**, a publicutility/water association, hereinafter referred to as "Owner" and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereinafter referred to as"USER”.

\*\*\*\*WITNESSETH\*\*\*\*

Whereas, the user desires to purchase water from the owner and to enter into a water users’ agreement, as required by the Rules and Regulation of the OWNER.

NOW THEREFORE, in the consideration of the mutual covenants: promises and agreements herein contained, it is hereby understood and agreed by the parties hereto as follows:

* The owner shall furnish, subject to the limitation set out in its Rules and Regulations now in force or as hereinafter amended such quality of water as the user may desire in connection with said user’s occupancy of the property described on the Application for Service Form (front of this sheet).

**THE USER AGREES TO PAY A TAP FEE OF $350.00 FOR EACH NEW TAP TO THE SYSTEM**

The user shall install and maintain at their own expense a service line which shall begin at the meter and extend to the dwelling or place of use. The lines shall connect with the distribution system of the Owner at the nearest place of desired use by the user, provided the owner has determined in advance that the system is of sufficient capacity to permit delivery of water to the point.

The user agrees to comply with and be bound by the Rules and Regulations of the Owner and the Public Service Commission of West Virginia, now in force, or here after duly and legally supplemented, amended or changed. The user also agrees to pay for the water at such rate at the time and place as shall be determined by the owner and agrees to the imposition of such penalties for noncompliance as are set out in the owner’s and the public Service Commission's Rules and Regulations, or which be hereafter adopted and imposed by the owner. The rate schedule for the water use will be established and approved by the owner and the West Virginia Public Commission, and published as a tariff. Public Service Commission Rules and Regulations rate structure tariffs are available for inspection at the owner's office. (In the event of a water shortage or other emergency, the emergency action as prescribed in the above rules and regulations will be enforced).

The owner shall purchase and install the cutoff valve and a water meter in each service. The owner shall have exclusive right to use such cutoff valve and water meter.

The owner shall have final authority in any questions of locations of any service line connection to its distribution system, and may terminate service to user who allows a connection to be made of the service line for the purpose of supplying water to another user.

The user agrees that no other present or future source of water will be connected to any waterline service by the owner’s waterlines and will disconnect from his/her present water supply prior to connection to owner's line, and shall eliminate all cross-connections in their system.

The user shall connect their service lines to the owner's distribution system and shall commence to use water from the system on the date water is made available to the user by the owner. Water changes to the user shall commence on the date service is made available, regardless of whether the user physically connects to the system.

The user hereby agrees to pay the minimum water bill for a period of three (3) years from the date the service is made available, regardless whether the user actually uses such service.

The failure of a user to pay water changes duly imposed and rendered shall result in the automatic imposition of the following penalties:

1. Nonpayment within twenty (20) days from billing date will be subject to a penalty of ten percent (10%) of the delinquent account.
2. Nonpayment within (30) days from billing date will result in initiation of action to terminate service.
3. In the event it becomes necessary to terminate service, a reconnection charge of $25.00 as set forth in the tariff will be applicable.

**Customer**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Utility**

**Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

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