



Greater Harrison County
Public Service District

PO Box 190
West Milford, WV
26451

Phone: 304-745-3463
Fax: 304-745-5327

www.greaterharrisonpsd.com

APPLICATION FOR PRE-CONSTRUCTION TAP FEES

Account#: _____ Location# _____
Name on Account: _____ Spouse/Room Mate Name: _____
Driver's License: _____ State: _____ Driver's License: _____ State: _____
Mailing Address: _____

Physical/Service Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

(O)Own, (R) Rent or (OT) Other: _____

If Renting- Landlord's Name: _____ Phone Number: _____

List People 18 and over living at Physical Address: _____

No. of Adults: _____ Total Number at Physical Address: _____

Directions from GHPSD or highway: _____

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: ___ Non-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 availability 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: _____ Co-Applicant's Signature: _____

Date: _____ Date: _____

(Notarial Seal)

Notary Public

My Commission Expires: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Regulation 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.

"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)

Office Use Only

Payment in the amount of \$100.00 received in the form of Check/No. _____ Cash _____ Money Order _____

Date: _____ Customer Service Rep. Signature: _____