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: _____