

CENTRAL HAMPSHIRE P.S.D.
18540 NORTHWESTERN PIKE
AUGUSTA, WV 26704
PHONE (304) 496-8882
FAX (304) 496-9104

Please Print All Information
Date _____

Account # _____
Location # _____
Service Start Date _____

APPLICATION FOR SEWER SERVICE

Applicant (s) _____ Driver License #'s _____

Other Adult Members of Household and Driver License #'s:

Mailing Address _____

Physical Address _____

Contact Phone #'s _____

Applicant Employer _____ Spouse/Other Employer _____

Address/Phone _____ Address/Phone _____

Property Owner _____

Address/Phone _____

Type of Service Residential Commercial, Number in Household _____

An eighty dollar (80.00) deposit is required by the WV Public Service Commission, Water Rule 4.02(a)(2). If monthly bills are paid in a timely manner for twelve(12) consecutive months from the first billing, the deposit plus accrued interest will be refunded automatically. If you move away from the PSD's service district, your deposit less any amount left owing will be refunded in a timely manner, not to exceed thirty (30) days. If you do not own this property, your deposit will be refunded only when you move away from the PSD's service district and your final bill has been paid.

I hereby authorize service to be established in my name at the above property 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.

Applicant's Signature _____ Date _____
(Application must be notarized when not applying in person).

State of _____ County of _____
_____, a Notary Public in and for the State and County aforesaid, do certify that
_____, whose name is signed to the writing above, bearing date of the
____ day of _____, 20____, have this day acknowledged the same before me in my said County. My
commission expires _____ Notary Public

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 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 _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

For Use by Central Hampshire Public Service District

Received from Applicant:

Security Deposit	\$ _____	Comments: _____
Other	\$ _____	_____
Total Received	\$ _____	_____

By: _____
Date: _____