

COMMERCIAL APPLICATION FOR SERVICES

Date:	Business Name:	Federal Tax ID:
	Owner/Operator:	
Address for Service	Number Street	
Mailing Address (if different than service address)	Number Street City State Zip Code	
Phone: () _____ () _____	How would you like to receive your bill? Paper <input type="checkbox"/> E-Bill <input type="checkbox"/>	Email Address if you are requesting e-bills:
Authorized Contact: Name _____	This application is for: Residential Rental Property Commercial Business Property Plant fill-up/Hydrant Meter	
Do you have service w/ us at another address? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, list address(es) _____ _____	
Do you Own or Rent at this address?	If renting, provide landlord's contact information: Name Phone Address	
If you Own, will this be used as rental property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Service start date	Would you like to register for Automatic Payments Yes No Emergency Notifications Yes No
INITIAL AND SIGN BELOW		
<p>_____ I hereby authorize service to be established in my name at the location listed above and agree to pay for service at said address from the date of connection to the date a shut off is signed in the office or by written request if submitted by means other than in person.</p> <p>_____ I understand that current water pressure conditions for said service may or may not be at standard average pressure established for the water system and do hereby agree to accept said service with the presented water pressure as is currently available and do hereby waive pressure rights relative to said service.</p>		
Applicant Signature _____	Date _____	

OFFICE USE ONLY

New Account Number	Account Number	
Previous Account Past Due	Account Number	Amount
Water Deposit Collected	Amount	Receipt Number
Sewer Deposit Collected	Amount	Receipt Number
Deposit Transferred From	Account Number	Receipt Number
		Original Deposit Date

Moundsville Water & Sanitary Boards

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