

**HARDY COUNTY PUBLIC SERVICE DISTRICT**

2094 US 220 South  
P. O. Box 900, Moorefield, WV 26836  
Phone: 304-530-3048 Fax: 304-530-3046

**APPLICATION FOR WATER SERVICE**

THIS SECTION TO BE COMPLETED BY APPLICANT

Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ SS# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 SS # \_\_\_\_\_ Employment \_\_\_\_\_  
 Drivers License # \_\_\_\_\_ Bus. Phone # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Employment \_\_\_\_\_ PHASE \_\_\_\_\_ SHEET \_\_\_\_\_  
 Bus. Phone # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
 Nearest relative not living with you \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_  
 No. persons at residence \_\_\_\_\_  
 Is this a rental Property? \_\_\_\_\_  
 If yes, name of owner \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_

THIS SECTION FOR HCPSD OFFICE USE ONLY

Meter Address \_\_\_\_\_ Date water turned on \_\_\_\_\_  
 Meter # \_\_\_\_\_ ID# \_\_\_\_\_  
 Date of first bill \_\_\_\_\_ Previous Name \_\_\_\_\_

I hereby authorize service to be established in my/our name(s) at the above property location and agree to pay for service until discontinued. I agree to comply with and be bound by the rules and regulations of the Hardy County Public Service District, the West Virginia Bureau for Public Health and the Public Service Commission of WV.

APPLICANT'S SIGNATURE \_\_\_\_\_  
 SPOUSE/OTHER SIGNATURE \_\_\_\_\_  
 UTILITY REPRESENTATIVE \_\_\_\_\_  
 DATE \_\_\_\_\_

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 by the federal government to note the race/national origin of individual applicants on the basis of visual observation or surname.

**Please Mark the Race and/or Ethnic Background that best characterizes you:**

Caucasian/White \_\_\_\_\_ African American/Black \_\_\_\_\_  
 Hispanic/Latino \_\_\_\_\_ Hawaiian /Pacific Islander \_\_\_\_\_  
 Asian \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_  
 Other: \_\_\_\_\_

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law.  
Complaints of discrimination may be filed with the  
Secretary of Agriculture, USDA, Washington, DC 20250-0700.