

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 SEWER SERVICE

THIS SECTION TO BE COMPLETED BY APPLICANT

Name _____ Spouse/Other _____
 Address _____ SS# _____
 _____ Employment _____
 SS# _____ Bus. Phone # _____
 Phone # _____ PHASE _____ SHEET _____
 Employment _____ ACCOUNT# _____
 Bus. Phone # _____
 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

Water Meter Address _____ Date sewer service commenced _____
 Meter # _____ Meter ID# _____
 Date of first sewer 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 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: _____