

HARDY COUNTY PUBLIC SERVICE DISTRICT

45 District Drive
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 # _____
Are you running an entirely new service line or connecting to an existing service line? _____
Existing Service line material _____ Year home was built _____
No. persons at residence _____ Is this a rental Property? _____
If yes, name of owner _____ 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.