

**A COPY OF EACH DRIVER'S LICENSE IS REQUIRED AND ALL FEES PAID BEFORE SERVICE BEGINS**

**CITY OF ST.MARYS**

418 Second Street, St. Marys, WV 26170  
Phone: 304-684-2401 ♦ Fax: 304-684-2463

**SERVICE APPLICATION**

Taps Requested: Water (\$350)  Sewer (\$450)  Tap Fee: \_\_\_\_\_  
Services: Water  Sewer  Garbage   
Service Type: Residential  Commercial  Industrial   
Customer Type: Owner  Renter  Other \_\_\_\_\_

Account #: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Beginning Service Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person (If Applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Service Location Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Moving From Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Have you had service with The City of St. Marys in your name before? (circle) Yes OR No

If yes, When & Where \_\_\_\_\_

**By signing this service application, I/We hereby agree:**

- ♦ **To authorize service to be established in My/Our name at the above property location.**
- ♦ **To pay the City at its office as billed therefore at such rates as are now or hereafter may be fixed by the Public Service Commission of West Virginia and under the rules and regulations of said Commission, and the rules and regulations of the City governing such service, which are made a part hereof and are on file and available for inspection during business hours at the City's office.**
- ♦ **That the service rendered to the above property location shall continue, subject to such rules and regulations, until terminated in writing thereunder.**
- ♦ **That the City may discontinue service without notice if:**
  - 1) **Applicant moves from the premises without first notifying the City.**

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2) Applicant violates or breaches this contract , or any of such rules and regulations, or fails or neglects to pay for such service and that this is the only agreement between the applicant(s) and the City, as to the service herein applied for.

- ◆ That this application is accepted subject to the availability of service at this location.
- ◆ That this application is a contract and is binding upon the applicant, the City, and any other party, when signed.
- ◆ That whenever water and sewer service is terminated for reason of non-payment a reconnect fee will be assessed and paid prior to reconnect. A fee will also be assessed for NSF checks returned by the bank.
- ◆ That I/We understand I/We will be responsible for all water/utility bills for this service address until I/We discontinue service with the City of St. Marys in writing.
- ◆ That I/We have carefully read this application and agree that the above information is true and correct to the best of My/Our knowledge.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Municipal Use Only**

Date of Application: \_\_\_\_\_ Date Deposit Paid: \_\_\_\_\_ Taken By: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_ W/O Faxed: \_\_\_\_\_

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