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 (Equal to the greater of $1200 or actual cost) ☐ Tap Fee:_____

Sewer (Equal to the greater of $600 or actual cost) ☐ 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:**

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1) **Applicant moves from the premises without first notifying the City.**
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 or My/Our knowledge.**

Customer Signature:_____ Date: _____

Spouse/Other Signature: _____ Date: _____

Municipal Use Only

Date of Application:_____ Date Deposit Paid: _____

Comments: _____

_____

Date Entered: _____ W/O Faxed: _____

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