

**Jefferson County Public Service District**

340 Edmond Road, Suite A

Kearneysville, WV 25430

(304) 725-4647

**Application for Service**  
**Water Utility - Cavaland**

Date: \_\_\_\_\_ Previous Customer: Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's SS#: \_\_\_\_\_

Applicant's Phone #: (\_\_\_\_\_) \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Billing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Location of Property / Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

Co-Applicant's Name: \_\_\_\_\_ Co-Applicant's SS#: \_\_\_\_\_

Co-Applicant's Phone #: (\_\_\_\_\_) \_\_\_\_\_ Co-Applicant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant's Place of Employment: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

Renting Property: \_\_\_\_\_ Own Property / Purchased: \_\_\_\_\_ Other: \_\_\_\_\_

Newly Built Home: \_\_\_\_ Existing Home: \_\_\_\_ If existing home, previous resident: \_\_\_\_\_

If Renting, Property Owner's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

**\* In addition to a completed application, we require a VALID PHOTO ID as well as the APPLICABLE SECURITY DEPOSIT.**

**(Please check mark the correct box)**

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Public Authority: \_\_\_\_\_

Number of Person(s) living in the home: \_\_\_\_\_ Closing Date / Lease Date: \_\_\_\_\_

If Commercial / Industrial Use is Requested, Type / Name of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Will Water be used for Production?: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby authorize service to be established in my name at the above property location. I also agree to pay for services rendered until I, or the Utility, put in writing that service is to be discontinued. I understand that if discontinuation is NOT put in writing, that I am responsible for any and all charges that occur on this account. I understand that this application is accepted subject to the availability of service. If your account becomes past due you will be responsible for all collection fees legal fees and court costs.

Signature of Applicant: \_\_\_\_\_ (Seal) Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ (Seal) Date: \_\_\_\_\_

**For Office Use Only**

Receipt #: \_\_\_\_\_ Account Number: \_\_\_\_\_ Base Meter: \_\_\_\_\_

Res. #: \_\_\_\_\_ Region: \_\_\_\_\_

Rental Agreement: \_\_\_\_\_ Bill Cycle: Monthly Bi-Monthly Billing Code: \_\_\_\_\_

Class: \_\_\_\_\_ # of Units: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Water #: \_\_\_\_\_