

**WILDERNESS PUBLIC SERVICE DISTRICT**  
**P O BOX 37 MOUNT NEBO WV 26679 304-872-1598**

**RESIDENTIAL APPLICATION FOR SERVICE** Revised: 11/2021

**\*\*ALL INFORMATION MUST BE COMPLETE BEFORE SERVICE WILL BE PROVIDED\*\***

**\*COPY OF DRIVERS' LICENSE IS REQUIRED FOR IDENTIFICATION\***

**\*COPY OF PROPERTY MAP AND DEED REQUIRED FOR NEW TAP\***

PREVIOUS CUSTOMER: YES NO (CIRCLE ONE) EXISTING SERVICE \_\_\_ OR NEW TAP \_\_\_

BILLING NAME(S) \_\_\_\_\_

and \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

911 PHYSICAL ADDRESS OF PROPERTY TO BE SERVED: \_\_\_\_\_

PHONE # \_\_\_\_\_ ALT PHONE# \_\_\_\_\_

E-MAIL \_\_\_\_\_ TURN ON DATE \_\_\_\_\_

PROPERTY (LAND) TO BE SERVED: (CIRCLE ONE) TENANT OWN  
(Proof of Ownership Required)

**IF TENANT, COMPLETE THE FOLLOWING:**

PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE/ID #: \_\_\_\_\_  
(COPY REQUIRED)

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SPOUSE OR CO-APPLICANT NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_  
(COPY REQUIRED)

I hereby authorize service to be established in my name at the above property location and agree to pay for service until disconnected by my written request. I understand that this application is accepted subject to the availability of service at this location and verification of correct information provided.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

**PROPERTY OWNER DEPOSITS WILL BE REFUNDED WITH INTEREST AFTER TWELVE (12) CONSECUTIVE PAYMENTS ARE MADE WITH NO PENALTYS. TENANTS' DEPOSITS WILL BE HELD UNTIL SERVICE IS DISCONTINUED.** PHONE NO. REGISTERED EMER.SRV? \_\_\_\_\_

**OFFICE USE ONLY**

SECURITY DEPOSIT \$95.00 \_\_\_\_\_ TRANSFER DEPOSIT FROM ACCT. \_\_\_\_\_

PREVIOUS ACCT. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ NEW ACCOUNT NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WORKORDER REQUEST: \_\_\_\_\_

TURN ON DATE REQUESTED \_\_\_\_\_ 20\_\_ SET DATE \_\_\_\_\_ 20\_\_