VILLAGE OF BEECH BOTTOM

11 THIRD STREET
P. O. BOX 100
BEECH BOTTOM, WV 26030

Phone: 304-394-5545 Fax: 304-394-4772

email: village@bbwv.org

APPLICATION FOR WATER SERVICE

Previous Customer (check one): ___ Yes ___ No. IF Yes, When_____

Name:_____ Phone #: _____

Service Address: _____

Mailing Address: _____

(check one) ___ Rent ___ Own ___ Other _____

If Renting, please provide property owner's name _____

Owner's Address: _____

Owner's City, State, and Zip:_____

Type of Service (check one): ___ Industrial ___ Commercial ___ Residential

Residential only _____ # people in household *Please list ages of children below*:

Child #1 _____ ; Child #2 _____; Child #3 _____; Child#4 _____; Child #5 _____

Place of Employment: _____

Employer Address: _____

Spouse's Name: _____

Place of Employment: _____

Spouse's Employer's Address:_____

I AGREE TO PAY ANY WATER BILLS AND DAMAGE BILLS FOR THE WATER METER LOCATED ON THIS PREMISES. I WILL MAINTAIN ACCESS TO ALL METERS AND SERVICE CONNECTIONS FOR METER READING AND MAINTENANCE. I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE MENTIONED PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABLILITY OF SERVICE AT THIS LOCATION. I FURTHER UNDERSTAND THAT FALSIFICATION OF THE INFORMATION ON THIS APPLICATION WILL RESULT IN TERMINATION OF WATER SERVICE.

Applicant's Signature: _____ Date: _____

Deposit Amount ___ $53.00 Res. ___ $250.00 Com. Tap Fee Amount: _____

Deposit amount is refundable after one year provided there were no late fees for 12 consecutive months. Deposits for renters will be refunded when you move less any balance owed.