

Pleasant Valley P.S.D
P.o. Box 245
Maidsville WV. 26541

Phone: (304)-328-5847
Fax: (304)-708-0095
Email: pvalleypsd@yahoo.com

Application for Service

NAME(s) (as it will appear on the bill) _____

PHONE NUMBER _____ alternate _____

Mailing Address _____

Property Location (If different from above) _____

Driver's License # _____

Employer _____

Email _____

Other person(s) on Account(will not appear on bill) _____

Have you or anyone listed above been a customer previously: Yes () No ().

If yes, When _____ Location _____

Own () Rent () If RENT, owners name _____

Address _____ Phone # _____

I hereby authorize service to be established in my name at the above property location and I agree to pay for service until discontinued by my request. I understand that this application is accepted subject to the availability of service at this location. Billing shall start not more than Thirty (30) days after service is established. Taps could be subject to a longer period than the thirty (30) days. Taps will be on a first come first serve basis. Once taps are installed, billing will commence. I acknowledge all customers services will abide by both PSC and Pleasant Valley regulations, rules and policies and that this application is for one (1) individual service for one (1) dwelling. I also acknowledge that I have received the Pleasant Valley PSD information sheet

Applicant's Signature _____ Date _____

Office use only

Old Acct # _____ New Acct # _____

Meter Reading _____ Permit Applied For _____

Deposit _____ Tap Fee _____

Notes _____

