

TOWN OF CHESAPEAKE  
APPLICATION FOR SERVICE

NAME \_\_\_\_\_ PREMISE # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(IF DIFFERENT)

PHONE \_\_\_\_\_ WORK / CELL \_\_\_\_\_ SS # \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ SS # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK / CELL \_\_\_\_\_

PROPERTY OWNER / RENTAL COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

For property owners, your deposit will be refunded after 12 consecutive, on-time payments and applied as a credit to your account. For Non Property owners, your deposit will be held for the duration of your account activity at this residence. Once your account is no longer active, the deposit will be applied to any outstanding balances and the remaining difference will be refunded to you including interest at the current rate in accordance with the WV Public Service Commission. The acceptance of this application does not guarantee service availability to this location.

I hereby authorize sewer service to be established in my name at the above address with the understanding that I will be held responsible for any and all charges incurred until the time that I discontinue water service. Furthermore, I attest that the above information is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing instrument was

acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public