

TOWN OF PRATT
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 Once your account is no longer active, the deposit will be applied to any outstanding balances and the remaining difference will be refunded to you including interest at the current rate in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 _____

State of _____ County of _____ The foregoing instrument was

acknowledged before me this _____ by _____.

My commission expires _____.

Notary Public