



Town of Moorefield

206 Winchester Ave Moorefield WV 26836
PHONE:304-530-6142 FAX:304-530-6933
E-MAIL melissa.haggerty@townofmoorefield.com

APPLICATION FOR UTILITY SERVICE

Water only () Sewer only () Water & Sewer ()

Previous Customer () If so, Account # _____ New Customer ()

Name: _____ Phone: _____

Mailing Address: _____

Email address: _____

Property Location: _____

Rent: _____ Own: _____ Other: _____

If rent: Property owners name _____ Phone _____

Property owner mailing address _____

Type of Service: Residential () # in household: _____

Commercial () Type _____

Industrial () Type _____

Applicants place of employment: _____

Address: _____ Phone _____

Name of Spouse _____

Spouses place of employment: _____

Address: _____ Phone _____

I hereby authorize service to be established in my name at the above 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 availability of service at this location.

**CONTINUED ON BACK →
COPY OF ID IS REQUIRED. PLEASE ATTACH.**

Applicant's Signature: _____ Date: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.

_____ I do not wish to furnish this information

Ethnicity:

_____ Hispanic or Latino
_____ Not Hispanic or Latino

Race: (Mark all that Apply)

_____ White
_____ Black or African American
_____ American Indian or Alaska Native
_____ Asian
_____ Native Hawaiian Or Other Pacific Islander

Sex:

_____ Male
_____ Female

Non-Discrimination Statement:

This Institution is an equal opportunity provider and employer.

For office use only

Name _____ Account No. _____

Work order # _____

Tap Fee Amount	_____	Date on	_____
Meter Size	_____	Meter No.	_____
Meter Route	_____	Meter Reading	_____