



# Town of Moorefield

206 Winchester Ave Moorefield WV 26836  
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## 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	_____