

# PUTNAM PUBLIC SERVICE DISTRICT

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WEBSITE: [www.putnampsd.com](http://www.putnampsd.com)

EMAIL: [customerservice@putnampsd.com](mailto:customerservice@putnampsd.com)

Revised Form: 7/26/2023

## Application for Water and/or Sewer Service

PLEASE PRINT ALL INFORMATION

Office Hours 8-4, Lobby Hours 10-4 Mon-Fri

SERVICE START DATE: \_\_\_\_\_ (NOTE: Service Start Date cannot be back-dated) SUBDIVISION \_\_\_\_\_

APPLICANT/CUSTOMER NAME: \_\_\_\_\_

SERVICE ADDRESS: Street/City/Zip: \_\_\_\_\_

MAILING ADDRESS: Street/City/State/Zip: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ -OR- FEIN#: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ *If this # changes; it is responsibility of the customer to notify the District of the change.*

CO-APPLICANT NAME: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

Full name of other persons (over 18 years of age) living in the residence: \_\_\_\_\_

RENT or OWN?  Own  Rent *If renting, please provide the information below:*

PROPERTY/LANDOWNER: Name: \_\_\_\_\_

TELEPHONE: Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_

TYPE OF SERVICE:  Residential  Commercial  Industrial

If not Residential ~ Nature of Business: \_\_\_\_\_

Food Service (If food service, grease trap will be inspected every 3 months.)

Have you had service with PPSD before?  No  Yes If yes, list account number(s) or address: \_\_\_\_\_

Applicant(s) hereby certifies that he/she has made themselves familiar with the provisions of this agreement as set-out in the attached Regulations and understands that this is an application for service. The District has the right to reject the application and return the Tap Fee and/or Deposit if it is not feasible to serve the property in accordance with the West Virginia Public Service Commission Rules and Regulations. It is the customer's responsibility to make a request, in writing, for service disconnect. If the District is not notified, monthly billing will continue & customer will be responsible for any billing charges that accrue. Customer must also provide the District with a correct mailing address for the final bill. By signing this application for water and/or sewer service, applicant(s) acknowledges and agrees to these conditions and that the information provided above is true and accurate to the best of applicant's knowledge. *This institution is an equal opportunity provider.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF CO-APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant(s) ~ Attach copy of government issued photo ID*

### FOR PUTNAM PSD USE ONLY

Received from Applicant(s):

DEPOSIT:

TAP FEE:

Water: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Sewer: \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL RECEIVED: \$ \_\_\_\_\_

PYMT METHOD:  CASH  CHECK # \_\_\_\_\_

CREDIT CARD \_\_\_\_\_

DEPOSIT WAIVED = GOOD HISTORY

App & Pymt Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

PPSD Account #: \_\_\_\_\_

Cycle: \_\_\_ Book: \_\_\_ User Codes: \_\_\_\_\_

Add'l Svc Records: WA - 1 2 3 4 \_\_\_; SW - 1 2 3 4 \_\_\_

Temporary # / City of Hurr Acct # / WVAW Acct #: \_\_\_\_\_

WVAW Premise #: \_\_\_\_\_

WVAW Metered Svc:  Yes

### DEVELOPMENT DEPARTMENT

TAP Date: \_\_\_\_\_ Staff: \_\_\_\_\_

SPECIAL INSTRUCTIONS / COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_