## Harpers Ferry/ Bolivar PSD

P. O. BOX 235 192 LAKE QUIGLEY DRIVE HARPERS FERRY, WEST VIRGINIA 25425 (304)-535-2390 FAX (304)-535-2524

Application for sewer service utility Customers of: Harpers Ferry-Bolivar PSD

Date:	Pervious Customer: Yes No
Applicant's Name:	Applicant's SS#
Applicant's Cell# ()	
Applicant's Phone# ()	Applicant's Date of Birth//
Full Billing Address:	
Location of Property/ Subdivision:	
Applicant's Place of Employment:	Phone#()
Address of Employer:	
Co-Applicant's Name: Co-Applicant's Cell#()	Co-Applicant's SS#
Co-Applicant's Cell#() Co-Applicant's Phone#()	Co-Applicant's Date of Birth: / / /
Co-Applicant's Place of Employment:	Phone#()
Address of Employe:	
Own Property/Purchased: Renting Property:	Other:
Newly Built Home: Existing Home: If Existing Ho	ome, Previous Resident:
If Renting, Property Owner's Name:	Phone#()
Property Owner's Address:	
*In addition to a completed application, we require a VALID PH	

I herby authorize service to be established in my name at the above property location. I also agree to pay for services rendered until I, or the Utility, put in writing that services is to be discontinued. I understand that if discontinuation is NOT put in writing, that I am responsible for any and all charges that occur on this account. I understand that this application is accepted subject to the availability of service. If your account becomes past due you will be responsible for all collection fees, legal fees and court costs.

Signature of Applicant:	_(Seal)	Date://
Signature of Co-Applicant:	_(Seal)	Date://