



CORPORATION OF HARPERS FERRY

Request for Termination of Water

Town Hall • 1000 Washington Street, P.O. Box 217, Harpers Ferry, West Virginia 25425
PH: (304) 535-2206, Ext. 1

Today's Date: _____ Time: _____

Name: _____ Account #: _____

Home Phone: _____ Cell: _____

DL#: _____

E Mail: _____

Service Address: _____

New Mailing Address: _____

Effective Date: _____

Reason for Termination: _____

Property Owner: _____

Signature: _____

OFFICE:

Scheduled Termination Date: _____ W.O.#: _____

- Apply Deposit to Final Bill
- Deposit Refund
- No Deposit Refund

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 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 Home, Previous Resident: _____

If Renting, Property Owner's Name: _____ Phone#(____) _____

Property Owner's Address: _____

*In addition to a completed application, we require a VALID PHOTO ID as well as the SECURITY DEPOSIT.

I hereby 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: ___ / ___ / ___