

40 Main Street
Shinnston, WV 26431



Phone: 304-592-2126
Fax: 304-592-1597

Water Service Application

Name: _____ Spouse: _____
Physical Address: _____
Mailing Address: _____
Previous Address: _____
Phone Number: _____ Cell Number: _____
E-Mail: _____
SSN: _____ Spouse SSN: _____
Driver's License Number: _____ Spouse Driver's License: _____
Date Requested: _____ Own: YES or NO If "No"
Name of Landlord: _____ Landlord Phone: _____
Employer: _____ Phone Number: _____
Spouse Employer: _____ Phone Number: _____
Reference: _____ Phone Number: _____

I hereby apply for services indicated below at the address entered above under the published rules and regulations of the City of Shinnston and the WV Public Service Commission now in effect and any revisions that may be approved. I agree to notify the City of Shinnston in writing of my intention to move from said premises. I further understand that I will be responsible for all service payment until notification is provided.

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/national origin of individual applicants on the basis of visual observation or surname.

Race: (circle one or more): Caucasian; African American; American Indian/Native Alaskan; Asian;

Native Hawaiian/Other Pacific Islander

Ethnicity (Circle One); Hispanic or Latino

Not Hispanic or Latino

Office Use Only: _____ WA, _____ SW, _____ UT, _____ GB, _____ PO, _____ ST, _____ FR

Account Number: _____ Deposit Number: _____ Work Order Number: _____

Received By: _____ Date Received: _____

Entered By: _____ Date Entered: _____