

TOWN OF ALDERSON

POST OFFICE BOX 179 CITY BUILDING – 311 SOUTH MONROE STREET ALDEROSN, WEST VIRGINIA 24910 TELEPHONE (304) 445-2916 FAX (304) 445-7248

APPLICATION FOR SERVICE

Name: _			Social Security Number:
	License Number:		mployment:
Spouse a	and/ or name of all perso	on(s) over 18 living with you	
•	•		mployment:
		Work Phone: E-Mail:	
			r:
How do	you prefer your stateme	ents? Paper by Mail	E-mailed
		PLEASE READ THE FO	DLLOWING
2. 3. 4. 5. 6. 7. 8.	refunded to owners after A \$350 water tap fee are fee. Meters are read on or an on the average history of Water and sewer billing. The minimum monthly sewer). Water and sew Sewer billing is based of 4,500 gallons. Bills are due upon receif your service is disconfee of \$25 and a reconfit is your responsibility. The service connection, open, tamper with, or till you wish to have your	er 12 consecutive on time payments. De da \$350 sewer tap fee must be paid for bout the 15 th of each month weather pof usage. The rates are posted in Town Hall. Town Hall of any changes in mater, and meter box are property of turn on/off your service.	nonth to avoid a 10% penalty. uired to pay the past due amount in addition to a disconnect service. ailing address, phone number, etc. the Town of Alderson. Your nor any service person may sibility to complete a disconnect request. The customer is
DO YOU	WISH TO BE PRESENT W	HEN YOUR METER IS INSTALLED/ TURN	ED ON? Yes: No:
If not, d	o you give us permission	to install/ turn on your meter without	ou being present? Yes: No:
Service I	Date:		
-	certify that the informand and understand all the	= ::	correct to the best of my knowledge. I further certify that I

Signature:

Date: _____