

City of Wheeling Water Department

304-234-3762

water@wheelingwv.gov

Contract for Municipal Services

Important Notice: Two forms of identification required.
Fraudulent information will lead to denial of service.

(Please Print)

New Address _____ **Start Date** _____

Mailing Address _____

Customer Name _____ **Birth Date** _____

Social Security Number _____ Phone Number _____

Employer _____ Phone Number _____

Customer Name _____ **Birth Date** _____

Social Security Number _____ Phone Number _____

Employer _____ Phone Number _____

Customer Name _____ **Birth Date** _____

Social Security Number _____ Phone Number _____

Employer _____ Phone Number _____

Name of contact person not residing with you for emergency purposes (required):

_____ Phone Number _____

Do you need garbage service? _____ Yes _____ No Are you renting? _____ Yes _____ No

Name of property owner _____ Phone Number _____

Have you had water service with Wheeling Water Dept. in your name before: ____ Yes ____ No When? _____

At what address? _____

Wheeling Water Dept. is to have access to its meters during all reasonable hours. If your meter is located inside, what arrangements will be made for our employees to gain access for reading/maintenance? Furnish Key ____ Yes ____ No Other arrangements _____

I hereby authorize municipal services to be established in my name at this address and agree to pay for such service until termination by my written request with Wheeling Water Department's **Request to Disconnect Service Form**. Pursuant to the rules and regulations of the West Virginia Public Service Commission, this document constitutes a contract with the coinciding contractual obligations to provide service and to pay for such.

Customer Signature 1. _____ Date _____

Customer Signature 2. _____ Date _____

Customer Signature 3. _____ Date _____

COMPANY USE ONLY

Verification of Customer(s) Identification _____ Account Number _____

Property Owner Verification _____ Deposit Amount _____ Deposit Number _____