City of Wheeling Water Department

304-234-3762

water@wheelingwv.gov

Contract for Municipal Services

(Water, Sewage, Trash, Hydrant (where applicable))

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

New Address_____ Start Date_____

Mailing Address_____

Moving From _____

Customer Name #1_____ Birth Date_____

Social Security Number_____ Phone Number_____

Employer_____ Phone Number_____

Customer Name #2_____ Birth Date_____

Social Security Number_____ Phone Number_____

Employer_____ Phone Number_____

Customer Name #3_____ Birth Date_____

Social Security Number_____ Phone Number_____

Employer_____ Phone Number_____

***REQUIRED: Name of contact person not residing with you for emergency purposes**: _____

Phone Number_____ 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, you must furnish a key or be available to provide access to our meter M-F 8am-4pm for reading, maintenance, disconnect, emergencies etc.

Please choose one: Furnish Key _____ Be available to provide access _____

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 _____