

Corporation of Shepherdstown
104 North King Street/P.O. Box 248
Shepherdstown, WV 25443

Utility Use Only

Deposit Fee:

Check no.:

Cash:

Date:

New Customer Application for Water and/or Sewer Service

1. Date: _____ Date of Occupancy: _____

2. Customers Name: _____ Phone: _____
Spouse's Name: _____
Mailing Address (where you receive your mail): _____

Physical Location/Address (include apt. or lot # if applicable):

3. Customer's Drivers License Number: _____
Social Security Number: _____
Place of Employment: _____
Phone Number: _____ Address: _____

4. **Are you the owner?** _____ Yes _____ No (If no, please provide landlord's name and address below) This information is required:
Landlord's Name: _____
Mailing Address: _____

5. **Have you had service with us before?** _____ Yes _____ No
If yes, please list dates moved in/out: _____
Address where service was provided: _____
Name account was listed under: _____

6. Name and Address of Customer formerly at this location (Staff will assist if needed):

7. Name and Address of Nearest Relative not living in household:

8. Application for: _____ Water _____ Water/Sewer _____ Water/Sewer/Garbage
Type of Use: _____ Residential _____ Industrial _____ Commercial

If application is for Residential service, please answer the following:

Number of persons in household: _____

Number of bathrooms: _____

Please submit this form and all applicable fees and deposits to the Water Department at Shepherdstown Town Hall. All fees and deposits must be paid before the Utility can process this application.

Shepherdstown Water will ask you to provide a copy of your driver's license to accompany this application (we will make the copy).

I hereby state that the above information, to the best of my knowledge, is true and correct.

Customer's Signature

Date

Please Note!

When discontinuing water service, please provide Shepherdstown Water a written request at least 48 hours in advance. Thank you.

CUSTOMER CONTACT INFORMATION SHEET



The following information is necessary to establish the Message 911 Calling Post Program which will be used to notify you in the event of a water emergency or similar occurrence.

NAME (as it appears on your water bill): _____

PRIMARY PHONE: _____ Answering Machine/Voicemail Yes No
 I do not have phone service.

E-MAIL: _____
 I do not have e-mail service.

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

SIGNATURE

DATE

Immediately contact Town Hall if any of the above information changes.

Shepherdstown Town Hall
Attn: Amy L. Boyd, Town Clerk
P.O. Box 248, Shepherdstown, WV 25443
Direct Line: 304-876-2398, Fax Line: 304-876-1473
E-mail: clerk@shepherdstown.us
Website: www.shepherdstown.us

Office Use
New Existing
Name _____
Phone _____