

WINFIELD SANITARY BOARD

P.O. Box 596 WINFIELD, WV 25213
PHONE (304) 586-2122 www.cityofwinfield.net

APPLICATION AND USER AGREEMENT FOR SEWER SERVICE

This agreement entered into between the Winfield Sanitary Board, a public body hereinafter called the "BOARD" and _____ hereinafter called the "USER".

CUSTOMER NAME _____ EFFECTIVE DATE _____

MAILING ADDRESS _____

TELEPHONE: LAND LINE _____ CELLULAR _____

SERVICE ADDRESS _____

RENT _____ OWN _____ OTHER _____

TYPE OF SERVICE: Residential _____ Number in Household _____
Commercial _____ Type _____
Industrial _____ Type _____

LIST THE ACCOUNT NUMBER and PREMISE ID ISSUED BY WV AMERICAN WATER IN THE SPACE PROVIDED AT THE BOTTOM OF THIS APPLICATION. OMISSION OF THESE NUMBERS WILL RESULT IN NO WATER AND/OR SEWER SERVICE.

IF RENTAL PROPERTY – LIST OWNERS NAME, ADDRESS & TELEPHONE NUMBER _____

Driver's License # _____ (Attach Copy) E-Mail address _____

Previous customer of Winfield Sewer System: YES NO If so, when _____

APPLICANT'S PLACE OF EMPLOYMENT _____

ADDRESS _____ PHONE _____

SPOUSE'S NAME _____ PLACE OF EMPLOYMENT _____

ADDRESS _____ TELEPHONE _____

EMERGENCY CONTACT NAME _____ TELEPHONE _____

I hereby authorize service to be established in my name at the above service address & agree to pay for service until discontinued by my request in writing.

Signature _____ Date: _____

WVAW Account No. _____ PremiseID: _____

"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 we 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, ethnicity and sex of applicants on the basis of visual observation or surname."

____ I do not wish to furnish this information

Sex: ____ Male ____ Female Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino

Race: (Mark all that apply) ____ White ____ Black or African American ____ American Indian or Alaska Native
____ Asian ____ Native Hawaiian or Other Pacific Islander

IN AN AGREEMENT AS ALLOWED BY THE WV PUBLIC SERVICE COMMISSION, WV AMERICAN WATER COMPANY WILL PULL THE WATER METER FOR NON-PAYMENT OF SEWER BILLS. THE CHARGE FOR THIS SERVICE IS \$20.00 TO REMOVE & \$20.00 TO RESET THE METER UPON SATISFACTION OF PAYMENT OF THE SEWER ACCOUNT. PLEASE PAY YOUR SEWER BILL AS IS RENDERED IN ORDER TO AVOID THIS \$40.00 ADDITIONAL CHARGE. IF YOU NEED TO MAKE PAYMENT ARRANGEMENTS, CALL OUR OFFICE PRIOR TO FINAL NOTICE. WE WILL DO OUR BEST TO WORK WITH YOU. IT IS YOUR RESPONSIBILITY TO CALL FOR SHUT OFF OF SEWER SERVICE WHEN DISCONTINUING WATER SERVICE. IF THE SEWER DEPARTMENT IS NOT NOTIFIED, MONTHLY BILLING WILL CONTINUE **YOU MUST ALSO PROVIDE US WITH A CORRECT MAILING ADDRESS FOR FINAL BILL.**

OFFICE USE:

SEWER DEPOSIT \$78.00 Date Paid: _____ Receipt No. _____