

APPLICATION FOR WATER SERVICE



Harpers Ferry Water Works
PO Box 217, Harpers Ferry WV 25425
Phone 304-535-2206 • Fax 304-535-6520

**Account
Number**

PLEASE PRINT ALL INFORMATION

Service Start Date: _____

APPLICANT: Name: _____ Telephone: _____

Mailing Address Street: _____

City: _____ State: _____ ZIP: _____

SS#/FEIN: _____ Employer: _____

CO-APPLICANT / SPOUSE: Name: _____ Telephone: _____

SS#/FEIN: _____ Employer: _____

PROPERTY / LOT OWNER: Name: _____ Telephone: _____

Street: _____

City: _____ State: _____ ZIP: _____

WATER SERVICE LOCATION: Street: _____ Lot #: _____

Service Type: Residential Commercial Industrial

Meter Size _____ Meter Size _____ Meter Size _____

Nature of Business: _____ Estimated Usage: _____

Owner Tenant Renter Builder Applicant's Agent

Signature of Applicant and/or Co-Applicant: _____ Date: _____

ATTACH A COPY OF DRIVER'S LICENSE(S)

For use by Harpers Ferry Water Works

Received from Applicant / Co-Applicant:

Water:	Security Deposit	\$ _____	Rec # _____	Check # _____
	Connection Charge	\$ _____		Cash _____
	Other (Specify)	\$ _____		Money Order _____

Sewer:	Security Deposit	\$ _____	Rec # _____	Check # _____
	Connection Charge	\$ _____		Cash _____
	Other (Specify)	\$ _____		Money Order _____

Previous Account # _____

By: _____ Date: _____ Final Date: _____