

**Must provide copy of driver's license or valid state issued ID

**Preston County PSD#1
PO Box 322; 527 U Rd.
Arthurdale, WV 26520
Phone: (304) 864-3014
Email: billing@prestonpsd1.net**

Are you a Previous Customer _____ . If so, when _____ ?

Applicants Name _____

Spouse _____

Email Address _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Social Security Number _____

Date of Birth _____

Do you Own _____ Rent _____ Other _____

If Rental – Property Owner's Name _____

Property Owner's Address _____

City _____ State _____ Zip Code _____

Property Owner's Phone Number _____

TYPE OF SERVICE (check one)

Residential _____

Commercial _____ Type of Business _____

Industrial _____ Type of Business _____

FOR OFFICE USE ONLY

Account Number _____

Deposit Amount \$114.06

Tap Fee Amount \$350.00

Date In Service _____

** Deposit pd by check or cash only!*

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PLEASE READ BEFORE SIGNING

I, We, The Customer, hereby agree to pay the monthly bill once water service has been provided to me and established in my name.

* *Amts due must be paid in full on the assigned due date. If not paid on time, please note you will be subject to termination.

** After Termination your account is then required to be paid in full including reconnect fee.

* *If a new Tap has been installed, the customer agrees to start paying a monthly bill 30 days after the installation is complete (unless otherwise approved), or as soon as water is being used, whichever comes first. The customer understands that it is their responsibility to connect their water line to the new tap and they will pay the bill regardless if the connection has been made or not.

* *Any request for water to be disconnected, must be submitted on a signed form located at our office (527 U Rd Arthurdale WV 26520). If the customer moves or wants service terminated for an extended period of time (more than 30 days) This request must be signed in our office.

Failure to sign a disconnection request leave customer fully responsible for the water service furnished to said property until a new customer establishes service.

* *All Returned checks are subject to \$25.00. If your payment of a check is returned unpaid you CANNOT pay with check form or bill pay for 365 days.

* *It is recommended that all homes be equipped with a check valve.

** It is also required, if you have a connected well, or a pool, to have a back flow preventer that the customer will be required to have inspected and submit the results to the PSD yearly.

** It is not permitted by the PSD to install a driveway over any meter pits.

I HEREBY AUTHORIZED SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL REQUEST FOR DISCONTINUATION OF SERVICE IS MADE BY APPEARANCE AT THE OFFICE WITH PROPER PICTURE IDENTIFICATION OR BY WRITTEN LETTER WITH NOTARIZED VERIFICATION OF SIGNATURE.

Application For Service

Applicant's Signature: _____ Date: _____

Utility Representative: _____ Date: _____

Application For Discontinuation of Service

Applicant's Signature: _____ Date: _____

Utility Representative: _____ Date: _____

THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW. COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH THE SECRETARY OF AGRICULTURE, USDA, WASHINGTON 20250-0070