



Doddridge County PSD
99 Court Street, Suite 130
West Union WV 26456
(304) 873-8899
Commercial Customer Application for Water Service

Service Address: _____

Service Start Date: _____

Business Information:

Business Name: _____

Billing Address: _____

Phone Number: _____ Email: _____

Business Owner Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

If Renting:

Landlord Name: _____ Phone Number: _____

Important Information:

If full payment is not received by the due date a late fee will be applied, and a termination notice may be issued. If service is terminated the delinquent bill as well as a \$20 reconnection fee must be paid before service is turned back on.

By signing the account holder(s) agree to pay for water service in accordance with Doddridge PSD's rates. The account holder(s) assume responsibility for service beginning from connecting date until Doddridge PSD is notified of cancellation of service. All billings rendered by Doddridge PSD shall be due and payable upon receipt. Failure to receive a bill does not release a customer from payment obligations.

Information submitted in this service agreement is correct to the best of my knowledge and belief.

Signature

Date

Signature

Date

For Office Use Only

Account #: _____ Deposit Paid: \$ _____

Meter #: _____ Meter Reading: _____ Date: _____

Type/Size: _____