



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

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Service Start Date: \_\_\_\_\_

**Primary Account Holder:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Account Holder:**

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: \_\_\_\_\_