

PUTNAM PUBLIC SERVICE DISTRICT

Post Office Box 860 • Scott Depot, WV 25560-0860

Phone: (304) 757-6551 • Fax (304) 757-6558

WEBSITE: www.putnampsd.com

EMAIL: customerservice@putnampsd.com

Revised Form: 4/27/2020

Application for Water and/or Sewer Service

PLEASE PRINT ALL INFORMATION

Office Hours: 8-4, M-F

SERVICE ADDRESS: Street/City: _____ Subdivision: _____

Service Start Date: Date: _____ (NOTE: Service Start Date cannot be back-dated)

APPLICANT/CUSTOMER: Name: _____
Social Security # or if a Business Federal Tax ID#: _____

CO-APPLICANT: Name: _____
Social Security #: _____

Mailing Address: Street/City/State/Zip: _____

Telephone: Best Contact #: _____ *If this # changes; it is responsibility of the customer to notify the District of the change.*

Full name of other persons (over 18 years of age) living in the residence: _____

RENT OR OWN? ☐ Own ☐ Rent *If renting, please provide the information below:*

PROPERTY/LAND OWNER: Name: _____
Telephone: Home/Work: _____ Cell: _____

TYPE OF SERVICE: ☐ Residential ☐ Commercial ☐ Industrial
If not Residential ~ Nature of Business: _____

☐ Food Service (If food service, grease trap will be inspected every 3 months.)

Have you had service with PPSD before? ☐ No ☐ Yes If yes, list account number(s) or address: _____

Applicant(s) hereby certifies that he/she has made themselves familiar with the provisions of this agreement as set-out in the attached Regulations and understands that this is an application for service. The District has the right to reject the application and return the Tap Fee and/or Deposit if it is not feasible to serve the property in accordance with the West Virginia Public Service Commission Rules and Regulations. It is the customer's responsibility to make a request, in writing, for service disconnect. If the District is not notified, monthly billing will continue & customer will be responsible for any billing charges that accrue. Customer must also provide the District with a correct mailing address for the final bill. By signing this application for water and/or sewer service, applicant(s) acknowledges and agrees to these conditions and that the information provided above is true and accurate to the best of applicant's knowledge. *This institution is an equal opportunity provider.*

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Applicant(s) ~ Attach copy of government issued photo ID

FOR PUTNAM PSD USE ONLY

Received from Applicant(s):

DEPOSIT:

TAP FEE:

Water: \$ _____ \$ _____

Sewer: \$ _____ \$ _____

TOTAL RECEIVED: \$ _____

PYMT METHOD: ☐ CASH ☐ CHECK # _____

☐ CREDIT CARD _____

☐ DEPOSIT WAIVED = GOOD HISTORY

App & Pymt Rec'd by: _____

Date: _____

PPSD Account #: _____

Cycle: _____ Book: _____ User Codes: _____

Add'l Svc Records: WA - 1 2 3 4 _____; SW - 1 2 3 4 _____

Temporary # / City of Hurr Acct # / WVAW Acct #:

WVAW Premise #: _____

WVAW Metered Svc: ☐ Yes

DEVELOPMENT DEPARTMENT

TAP Date: _____ Staff: _____

SPECIAL INSTRUCTIONS / COMMENTS: _____
