

CITY OF WHEELING WATER DEPARTMENT

304-234-3762

Contract for Municipal Services

**Important Notice: Two forms of identification required.
Fraudulent information will lead to denial of service.**

(Please Print)

Name _____ Birthdate _____
Last First M. Initial

New Address _____

Mailing Address _____

Moving From Address _____

Social Security Number _____ Telephone Number _____

Employer _____ Telephone Number _____

Name of Spouse or Other Resident _____

Spouse's Social Security Number _____

Spouse's Employer _____ Telephone Number _____

Name of contact person not residing with you for emergency purposes:
_____ Telephone Number _____

Do you need garbage service? _____ Yes _____ No

Are you renting? _____ Yes _____ No

Name of property owner _____

Property owner's telephone number _____

Have you had water service with Wheeling Water Dept. in your name before? _____ Yes _____ No

When? _____ At what address? _____

If your meter **is not** located outside, what arrangements will be made for our employees to gain access for monthly meter reading?

Furnish key _____ Yes _____ No Other arrangements _____

I hereby authorize municipal services to be established in my name at this address and agree to pay for such service until termination by my request. Pursuant to the rules and regulations of the West Virginia Public Service Commission this document constitutes a contract with coinciding contractual obligations to provide service and to pay for such.

Customer Signature _____ Date _____

COMPANY USE ONLY

VERIFICATION OF CUSTOMER IDENTIFICATION

1. _____

2. _____

Account Number _____

Credit Check _____

Property Owner Verification _____

Deposit Amount _____ Deposit Number _____