



# *City of Salem, West Virginia*

PO Box 352 Salem, WV 26426

229 West Main St.

Phone: 304-782-1318

Fax: 304-782-4229

salemwaterclerk@yahoo.com

## **~APPLICATION FOR CITY SERVICES~**

THIS UTILITY IS REGULATED BY THE PUBLIC SERVICE COMMISSION OF WEST VIRGINIA

**Application Date:** \_\_\_\_\_

**Date Requested for Services to Begin:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

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

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

**Primary Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

### **EMPLOYMENT**

**Applicant's Place of Employment:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Employer's Phone Number:** \_\_\_\_\_

**Applicant's Previous Address:** \_\_\_\_\_

**Spouse / Co-Applicant's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**Spouse / Co-Applicant's Place of Employment:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Employer's Phone Number:** \_\_\_\_\_

CHECK ONE       RENT       OWN

IF RENTAL: Property Owner's Name: \_\_\_\_\_  
Property Owner's Address: \_\_\_\_\_

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

Personal Reference Name: \_\_\_\_\_

Reference's Relationship to You: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

Reference's Phone Number: \_\_\_\_\_

Name(s) of occupant(s) living in household: \_\_\_\_\_

**REQUIREMENTS OF USDA AND RURAL DEVELOPMENT:**

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are NOT required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to record the race/national origin of applicants on the basis of visual observation surname."

**RACE: MARK ONE OR MORE (NOT REQUIRED TO ANSWER)**

White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_

ETHNICITY: Hispanic or Latino \_\_\_\_\_ Non-Hispanic or Latino \_\_\_\_\_

"This is an equal opportunity program. Discrimination is prohibited by Federal Law." To file a complaint of discrimination, write: USDA Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington, DC 20250-9410 or call (866) 632-9992 or (202) 260-1026.

I/We hereby apply for the above city services at the above address, under the published rules and regulations of the City of Salem and the WV Public Service Commission, for which I/We agree to pay monthly for the services at this location. Fraudulent information for use of municipal services will negate this contract.

**\*\*To Discontinue Services, The City of Salem requires a signed Disconnection of City Services Form per WVPSC RULE 4.4**

Applicant's Signature: \_\_\_\_\_

Spouse / Co-Applicant's Signature: \_\_\_\_\_

*I have read and received a copy of the Rules and Regulations for the  
Government of Water and Wastewater Utilities of the  
Public Service Commission of West Virginia.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_