



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: _____