

**Sewer Form No. 4**  
(Sewer Rule 5.5.e.2.)

Form of written request for service by a prospective customer or  
a group of prospective customers located in the same neighborhood

Sewer ( )

New customer ( ) or Previous Customer ( ) If so, when \_\_\_\_\_

Name \_\_\_\_\_

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

Property Location \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Rent ( ) Own ( ) Other ( ) \_\_\_\_\_

If Rent: Property owners name \_\_\_\_\_ Phone \_\_\_\_\_

Type of Service: Residential ( ) Number in Household \_\_\_\_\_

Commercial ( ) Type \_\_\_\_\_

Industrial ( ) Type \_\_\_\_\_

Applicants place of employment \_\_\_\_\_

Employment Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Spouse's place of employment \_\_\_\_\_

Employment Address \_\_\_\_\_ Phone \_\_\_\_\_

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE  
PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY  
REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT  
TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.

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

Date \_\_\_\_\_

Utility Representative \_\_\_\_\_

Date \_\_\_\_\_

This application is for service to be provided by:

Elk Valley Public Service District  
100 Bream Drive, Elkview, WV 25071  
Phone: 304.965.1676 Fax: 304.965.7002