

MILTON MUNICIPAL UTILITIES COMMISSION

1139 SMITH STREET, MILTON, WV 25541

PHONE #: (304) 743-3422

APPLICATION FOR WATER/SEWER SERVICE

Please provide the following items along with application:

- Page 1 & 2 of the application completed, signed, and dated; Page 3 completed.
- Photo of ID or Driver's License
- Copy of lease agreement or rental contract if applicable

Please email the above information to miltonutilities@cityofmiltonwv.com

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

APPLICANT/CUSTOMER _____ DRIVER'S LICENSE # _____

EMAIL ADDRESS _____

PHONE # _____ PLACE OF EMPLOYMENT: _____
PLEASE NOTIFY MMUC OF ANY CHANGE

CO-APPLICANT/SPOUSE _____ DRIVER'S LICENSE # _____

EMAIL ADDRESS _____

PHONE # _____ PLACE OF EMPLOYMENT: _____
PLEASE NOTIFY MMUC OF ANY CHANGE

HAVE YOU HAD SERVICE WITH MMUC BEFORE? () NO () YES
IF YES, LIST ACCOUNT NUMBER/ADDRESS _____

CHECK ONE: () WATER \$45.60 () SEWER \$99.90 () WATER & SEWER \$145.50

CHECK ONE: () RESIDENTIAL () COMMERCIAL () INDUSTRIAL

CHECK ONE: () HOUSE () TRAILER () APARTMENT () OTHER

CHECK ONE: () OWN () RENT **(MUST PROVIDE LEASE AGREEMENT)**

IF RENTING: PROPERTY OWNER _____ PHONE # _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

SERVICE START DATE: _____

PLEASE READ AND SIGN: Applicant(s) hereby certify that they have made themselves familiar with the provisions of this agreement and that this is an application for service. MMUC 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. Applicants also understand that there will be a minimum bill regardless of whether any water is used. Bills are due on the 20th of each month. Failure to receive a bill does not exclude any account from payment, penalty or disconnection. It is the customers' responsibility to make a request, in writing, for service disconnect. If MMUC is not notified, monthly billing will continue and the customers will be responsible for any billing charges that accrue. Customers must also provide MMUC with a correct mailing address for the final bill. By signing this application for water and/or sewer service, applicants acknowledge and agree to these conditions and that the information provided is true and accurate to the best of their knowledge.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____

NAME _____ **FOR OFFICE USE ONLY**
ACCOUNT # _____

SECURITY DEPOSIT # _____ DEPOSIT AMOUNT _____

UTILITY REPRESENTATIVE _____ DATE _____

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MILTON MUNICIPAL UTILITIES COMMISSION

1139 SMITH STREET, MILTON, WV 25541

PHONE #: (304) 743-3422 FAX #: (304) 743-1872

miltonwater@cityofmiltonwv.com

miltonutilities@cityofmiltonwv.com

LOW/HIGH PRESSURE WAIVER

ACCOUNT # _____ METER # _____

NAME _____

ADDRESS _____

PHONE _____

I understand that the Milton Municipal Utilities Commission (hereinafter, MMUC) may not be able to deliver water to the dwelling located at the above address at satisfactory pressure or in satisfactory volume in accordance with Rule 5.8.b of the Public Service Commission's *Rules for the Government of Water Utilities* as a result of the elevation of the residence at the above address being higher than the Utility's established service elevation.

Therefore, I agree to accept water service at the pressure and volume that MMUC is able to deliver to the above address with its existing facilities and without any boosting of pressure by the Utility.

However, should it be necessary to boost the water pressure to provide adequate pressure to the above address, I agree that all installation and maintenance costs and expenses to boost my water service will be borne by me.

The terms of this agreement shall be binding on all future customers served at this location under similar circumstances.

SIGNATURE OF CUSTOMER

DATE



*This agreement must be recorded in the county clerk's office to be binding on future customers.

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 note the race, ethnicity and sex of applicants on the basis of visual observation or surname.

I do not wish to furnish this information

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark all that apply)

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Sex:

Male

Female

Non-Discrimination Statement:

This institution is an equal opportunity provider and employer.