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 of the application completed, Page 2 signed and dated only**
- **Photo of ID or Driver's License**
- **Copy of lease agreement or rental contract if applicable**

Please email everything to miltonutilities@cityofmiltonwv.com

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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 _____

PROPERTY OWNER'S 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:** _____

FOR OFFICE USE ONLY

NAME _____ **ACCOUNT #** _____

SECURITY DEPOSIT # _____ **DEPOSIT AMOUNT** _____

_____ _____
UTILITY REPRESENTATIVE **DATE**

WE ARE AN EQUAL OPPORTUNITY PROVIDER

MILTON MUNICIPAL UTILITIES COMMISSION

1139 SMITH STREET, MILTON, WV 25541
PHONE #: (304) 743-3422 FAX #: (304) 743-9294
miltonwater@cityofmiltonwv.com miltonutilities@cityofmiltonwv.com

LOW/HIGH PRESSURE WAIVER

For Office Use Only

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.