

UTILITIES ACCOUNT CONTRACT

Please Print

APPLICANT NAME	
SERVICE ADDRESS	
MAILING ADDRESS	
E-MAIL	
Social Security #	
PHONE NUMBER	SECONDARY PHONE
START DATE	DEPOSIT AMOUNT \$
HOMEOWNER or TENAN (CIRCLE ONE) LANDLORD	
SEWER,GARBA	LY BOUND, the undersigned hereby makes application for WATER, GE service from the Town of Star City and agrees to abide by all rules and ervice now or hereafter in effect.
Service Address within the til	GREES: all services rendered, by the Town of Star City, at the aforementioned me limit specified on each periodic bill, accepting that all bills shall become oon discontinuance of said services now or hereafter in effect.
discontinue service and provi	aptly notify the Town of Star City IN WRITING, of applicant's intent to ide the Town of Star City with a forwarding access. <u>Applicant shall</u> nt of all fees associated with this account until such time as the
Town receives said writt	
	shall hold the Town of Star City harmless for any damages resulting from of water or sewerage services resulting from accidents or necessary exements.
Star City to the aforemention	nt understands that any and all services provided by the Town of ned Service Address are strictly for the use of the residents or occupants of such applicant agrees not to resell or furnish said services to others not Town of Star City.
THIS UTILITY IS REGUI	LATED BY THE WEST VIRGINIA PUBLIC SERVICE COMMISSION
APPLICANT'S SIGNATUI	DATE Meter #
Account #	Meter #
	Meter Reading: