

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	T (circle one)	NUMBER OF PEOPLE IN HOUSEHOLD
LANDLORD (if applicable)		
GARBAGE service from service now or hereafter in egarvice now or hereafter in egarvice how or hereafter in egarvice Address within the time payable forthwith upon discous SECOND: To prome and provide the Town of Starfees associated with this THIRD: Applicant stoppage of flow of water or stalterations, repairs, or improve FOURTH: Applicant Star City to the aforemention and Address and as such applicant similarly contracted with the	on the Town of Star City and Stect. GREES: All services rendered, by the services rendered, by the net limit specified on each postinuance of said services of the town of Star City with a forwarding accupant until such times shall hold the Town of Star ewerage services resulting evenents. And the test and that any and each service Address are stricted agrees not to resell or fur Town of Star City.	r City IN WRITING, of applicant's intent to discontinue service ress. Applicant shall remain liable for payment of all reas the Town receives said written notice. City harmless for any damages resulting from the flow or from accidents or necessary I all services provided by the Town of retly for the use of the residents or occupants of said Service mish said services to others not
THIS UTILITY IS I	REGULATED BY THE V	VEST VIRGINIA PUBLIC SERVICE COMMISSION
APPLICANT'S SIGNATUR	RE	DATE
Return completed fo	orms via email to <u>utilit</u>	v <u>clerk@starcitywv.com</u> or via fax at 304-599-1130
	Offic	e Use Only
Account #	Meter #	Meter Reading