TRI-COUNTY WATER ASSOCIATION

113 MINNICK DR

SHINNSTON, WV 26431

304 672-3832

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**APPLICATION FOR SERVICE – MEMBERSHIP – OWNER**

Please print

PREVIOUS CUSTOMER ( ) IF SO, WHEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

eMail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent ( ) Own ( ) Other ( ) If you rent, owner’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF SERVICE: RESIDENTIAL \_\_\_ NUMBER IN HOUSEHOLD \_\_\_\_\_

COMMERCIAL \_\_\_\_ TYPE\_\_\_\_\_

INDUSTRIAL \_\_\_\_\_ TYPE\_\_\_\_\_

DATE YOU WANT SERVICE TO BEGIN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. I UNDERSTAND THAT THE PROPERTY OWNER WILL BE NOTIFIED IN THE EVENT THAT YOUR SERVICE IS INTERRUPTED FOR ANY REASON. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.

APPLICANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TCWA REPRESENTATIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*FOR OFFICE USE ONLY\*\*\*\***

ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ METER NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAP FEE AMOUNT \_\_$300.00\_\_\_\_\_\_\_\_\_ DATE PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEC. DEP AMOUNT \_\_$60.00\_\_\_\_\_\_\_\_\_ DATE PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TURN ON READING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TURN ON DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TURN OFF READING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TURN OFF DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_