



## City of Benwood

430 Main Street • Benwood, WV 26031

Phone: (304) 232-4320 • Fax: (304) 232-3393

### UTILITY SERVICE APPLICATION

ACCT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREMISES OWNED BY: \_\_\_\_\_

The undersigned applicant requests for utility service to be supplied at the above address. The undersigned applicant agrees that any false information supplied by them will result in immediate termination of utility services. All applicants must pay a \$100.00 deposit before utility services will be activated. The undersigned applicant understands that they are required to provide this utility with a written 24 hour notice when vacating said property. The utility companies will continue to bill the undersigned applicant until such notice is received at the utility office. The undersigned applicant understands and agrees they will be responsible for all billing charges accumulated at the stated address and are expected to pay when due. Failure for the undersigned applicant to pay for services when due may result in termination of utility services, legal action and forfeiture of deposit.

MAILING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_

ETHNICITY: Non-Hispanic [ ] Hispanic [ ]

GENDER: Male [ ] Female [ ]

RACE: White [ ] White Hispanic [ ] African American [ ] Other [ ] \_\_\_\_\_

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER**

Remit completed form to Benwood City Hall or email to [forms@benwoodwv.gov](mailto:forms@benwoodwv.gov).