

TOWN OF MORGANTOWN WATER & SEWER UTILITY

Date _____ Date of Possession _____

Name: _____

Date of birth: _____

Email: _____

Phone: _____

Have you ever had service in Morgantown before? _____

If yes, list address: _____

Do you rent _____ or own _____ other _____

Phone# of Landlord: _____

Service Address: _____

Mailing Address: _____

(if different from above)

Co-Applicant: _____ SS# _____

Date of Birth: _____

Email: _____

Phone # _____

A \$200.00 DEPOSIT IS REQUIRED TO ESTABLISH SERVICE

By signing below, I verify that the above information is correct to the best of my knowledge and agree that, if I am a customer of the Town of Morgantown Utility, this application and/or information contained herein may be shared with the Town of Morgantown

Applicant _____ Co-Applicant _____

Date _____

Town of Morgantown Representative: _____

Deposit Yes _____ No _____ Amount \$ _____ Cash _____ Check # _____