



40 Main Street  
Shinnston, WV 26431-1198

Phone: 304.592.2126  
Fax: 304.592.1597

The following information is requested by the federal government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race (Circle one or more):

Caucasian      African American      American Indian/Native Alaskan  
Asian      Native Hawaiian/Other Pacific Islander

Ethnicity (circle one):

Hispanic or Latino      Not Hispanic or Latino

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**Office Use:**

Account #: \_\_\_\_\_ Deposit Number: \_\_\_\_\_

Work Order: \_\_\_\_\_

WA \_\_\_\_\_ SW \_\_\_\_\_ UT \_\_\_\_\_ GB \_\_\_\_\_ PO \_\_\_\_\_ ST \_\_\_\_\_ FR \_\_\_\_\_

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

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THE CITY OF SHINNSTON IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER OF SERVICES; If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



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**Water Service Application**

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_ (Spouse) \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ (Spouse) \_\_\_\_\_

Date Requested: \_\_\_\_\_ Owner: Yes No

Land Lord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby apply for services indicated below at the address entered above under the published rules and regulations of the City of Shinnston and the WV Public Service Commission now in effect and any revisions that may be approved. **I agree to notify the City of Shinnston in writing of my intention to move from said premises. I further understand that I will be responsible for all service payments until notification is provided.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

In the event this application is for new water and/or sewer service taps, a field investigation will be conducted before payment is made to determine the availability of water or sewer lines.

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