## **BENWOOD MUNICIPAL UTILITIES**

## **430 MAIN ST.**

## BENWOOD, WV. 26031

## **APPLICATION FOR UTILITY SERVICE**

ACCT	DATE:
Applicant's Name	
Address	
City and State	
Telephone	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 infor	mation 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	s will continue to bill the undersigned applicant until such notice is received
,	d applicant understands and agrees they will be responsible for all billing
charges accumulated at the stated a	address and are expected to pay when due. Failure for the undersigned
	lue may result in termination of utility services, legal action and forfeiture of
deposit.	
MAILING ADDRESS	
Cianatura	Donosit