

**City of Hinton Sanitary Board  
322 Summers St.  
Hinton, WV 25951  
304.466.4647**

Written Request for New Service

New Customer \_\_\_\_\_ Previous Customer \_\_\_\_\_ If previous, when? \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Property Address: \_\_\_\_\_ Rent: \_\_ Own: \_\_

Property owner name (if rental): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Use of Property: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Employer name, address and phone: \_\_\_\_\_  
\_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Employer name, address and phone: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize service to be established in my name at the above location, and agree to pay for service until discontinued by my request in writing. I understand that this application is accepted subject to the availability at this location.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Applicant's account number: \_\_\_\_\_

Deposit amount: \_\_\_\_\_

Tap fee amount: \_\_\_\_\_

Utility representative: \_\_\_\_\_ Date: \_\_\_\_\_