



City of Lewisburg
942 Washington Street, West
Lewisburg, WV 24901
304-645-2080

Water Service Application

Service Start Date: _____

Name(s) of Applicant or Business: _____

Business Contact Person: _____

Mailing Address, City, State, & Zip Code: _____

SSN/FEIN#: _____ Driver's License # & State: _____

Phone #: _____ Employer: _____

Email Address: _____

Do you wish to sign up to have your statement emailed? Yes No

Would you like to sign up for Autopay? Yes No

Water Service Location: _____

Owner: Renter: If Renter, name of Owner: _____

Residential: # in Household Commercial: Industrial: Fire/Sprinkler Line: Size

Will you be operating a business out of your home? YES NO

1. A \$50 Security Deposit is required on all services. We accept cash, check, or money order. Please make checks and money orders payable to City of Lewisburg.
2. A notice of scheduled termination will be mailed to the billing address if the account has not been paid in full by the due date. If your service is disconnected for non-payment, the past due amount shown on your account must be paid in full in addition to a reconnect fee of \$40, before service will be restored.
3. You, the Customer, are responsible for notifying the billing department of any change in the account or billing address.
4. Leak Adjustment Requests – If you are in Lewisburg City Limits, a permit is required to obtain a leak adjustment. If a contractor is hired, they must have a City Business License.
5. A Tap Fee is required for new service. This fee is based upon size of the meter being requested. Residential 5/8 meters are \$1,100. **Payment for tap fee does not guarantee service.** If service is not available your payment will be returned. **Any application requiring a New Tap to be completed must be first be approved and signed off on by the City Manager!**

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY 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 OF SERVICE AT THE LOCATION.

 Signature of Customer

 Date

Notes: _____