



# Application For Wastewater/Sewer

The Sanitary Board of Bluefield  
P.O. Box 1870  
Bluefield WV 24701  
Phone: (304) 325-3681  
Fax: (304) 325-6838

Water Company		<b>*Office Use*</b>	
<input type="checkbox"/> WV American Water	<input type="checkbox"/> CS	<input type="checkbox"/> CK	
<input type="checkbox"/> Town Of Bluefield VA	<input type="checkbox"/> CC	_____	
<input type="checkbox"/> Brushfork/Bluewell	<input type="checkbox"/> PL	_____	
<input type="checkbox"/> Tazewell County PSA	<input type="checkbox"/> TF	<input type="checkbox"/> WV	
	<input type="checkbox"/> *KEEP ON FILE		

**Please Print:** Account # \_\_\_\_\_ Premise # \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Would you be interested in receiving your bill electronically by email?  Yes  No

Physical Address: \_\_\_\_\_

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

Driver License #: \_\_\_\_\_ Social Security # Last 4 \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Have you/your spouse ever had service with the Sanitary Board of Bluefield?  Yes  No

If yes, When And Where? \_\_\_\_\_

Contact Info: (Nearest Relative, Friend, etc.) \_\_\_\_\_ Phone: \_\_\_\_\_

Do you Own This Property (Land)  Yes  No

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your Place Of Employment: \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Spouse's Place Of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

I hereby authorize service to be established in my name at the above property location and agree to pay for service and abide by The Sanitary Board of Bluefield rules until service is discontinued. I understand that this application is accepted subject to the availability of service at this location.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Office Use Only \***

### Application accepted on behalf of the Sanitary Board of Bluefield By:

Tap Fee Paid: \$ _____	Account #: _____	Date Svc. Began: _____
Amount Applied To Acct: \$ _____		Deposit Collected: \$ _____
Amount Refunded: \$ _____	Date: _____	By: _____
Comments:		