

Town of Ceredo – Water Works
P.O. Box 691
Ceredo, WV 25507
Phone: (304) 453-1041 Fax: (304) 908-9670
www.CeredoWV.gov | utilities@ceredowv.gov



NEW UTILITY SERVICE APPLICATION FORM

Today's Date: _____

Full Legal Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License / State ID No. _____ State: _____

Social Security No. _____ - _____ - _____ RENT OWN

Service Start Date Requested: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Renters Only: Landlord Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The required deposit, if any, must be paid **BEFORE** start of service. If I move from this address, I will provide the Town of Ceredo a written notification stating (1) the date for disconnection, (2) my forwarding address where a final bill can be sent, and (3) a phone number where I can be reached. A disconnect form may be found online at www.ceredowv.gov/forms. I understand I am responsible for all billed services until the Town of Ceredo received a disconnection notice in writing. I further understand that any outstanding balance owed may be turned over to a collections agency for collection who may, at its discretion, charge additional fees for their service.

X _____

Date: _____