



Town of Capon Bridge
PO Box 183, Capon Bridge WV 26711

Phone: 304-856-3625 Fax: 304-856-2495

E-mail: townclerk@townofcaponbridgewv.gov

EQUAL OPPORTUNITY PROVIDER & EMPLOYER

Provide a copy of customer driver's license

Water and Sewer Security Deposit

Water () \$50 deposit **Water and Sewer** () \$100 deposit. check () cash () MO ()
 New Customer () Previous Customer () If so, when _____, **Service to Begin On**

Name: _____

Billing Address: _____

_____ Phone number to receive texts: _____

Email address: _____

Property location: Rent () Own () Other () _____

If rent: Property owners name, address and phone: _____

Type of service: Residential () Number in household _____
 Commercial () Type: _____ Industrial () Type: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race: White ___ Black or African American ___ American Indian/Alaska Native ___ Asian ___
 Native Hawaiian or Other Pacific Islander ___ Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

Applicant's place of employment: _____

Applicant's employment address: _____ Phone: _____

Name of spouse: _____ Spouse's place of employment: _____

Spouse's employment address: _____ Phone: _____

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 this application is accepted subject to the availability of service at this location.

Applicant's signature: _____ Date: _____

-----**For office use only**-----

Former Customer: _____ Location number: _____

Meter Number: _____ Begin Reading: _____

Entered in computer: _____ Utility representative: _____

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, USDA, Washington, 20250-0700.

Customer # _____