

**Cowen Public Service District**  
**P.O. Box 457**  
**Cowen, WV 26206**  
**304-226-3541**

Water ( ) Sewer ( ) Both ( )  
New Customer ( ) Previous Customer ( ) When \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Property Location: \_\_\_\_\_  
Rent ( ) Own ( ) Other ( ) \_\_\_\_\_  
If Rent, Property Owner Name: \_\_\_\_\_  
Property Owner Address: \_\_\_\_\_  
Property Owner Phone Number: \_\_\_\_\_  
Type of Service: Residential ( ) Number in Household: \_\_\_\_\_  
Industrial ( ) Type: \_\_\_\_\_ Commercial ( ) Type: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

“ The following information is requested by the Federal Government in order to monitor compliance with the 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 (Mark one or more): White ( ) Black/African American ( ) American Indian/Alaska Native ( )  
Asian ( ) Native Hawaiian/other Pacific Islander ( )  
Ethnicity: Hispanic or Latino ( ) Not Hispanic or Latino ( )

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 (pursuant to PSC Rule 4.1.E.2 and Rule 4.1.F.4.) I understand that this application is accepted to the ability of service at this location.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Utility Representative: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Applicant ID: \_\_\_\_\_  
Deposit Amount: \_\_\_\_\_ Tap Fee Amount: \_\_\_\_\_  
Meter Size: \_\_\_\_\_ Meter Number: \_\_\_\_\_  
Meter Route: \_\_\_\_\_ Meter Reading: \_\_\_\_\_  
Date on: \_\_\_\_\_ Date off: \_\_\_\_\_ Customer Request: ( ) Term: \_\_\_\_\_  
Proof of Sewer Application and Deposit: \_\_\_\_\_

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.