

**FAX TO: Berkeley County Public Service Water District  
(304) 267-3864**

**REQUEST TO REESTABLISH WATER SERVICE**

(Water service will not be reactivated until sewer district written confirmation is received.)

Date to Reestablish: \_\_\_\_\_

Property Location: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number \_\_\_\_\_

To be billed to:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of the tenant who has vacated the above property and their forwarding address (if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_