

TOWN OF GLASGOW

MAYOR
DONALD FANNIN
RECORDER
JAY WARD

COUNCIL
MIKE SZEROKMAN
MARTY BLANKENSHIP
EDDIE HAMILTON
DIANE LEADMON
JOHN ALDERSON

Phone: 304-595-1015
Fax: 304-595-2042



129 4th Ave.
P.O. Box 130
Glasgow, WV 25086

Sewer Service Application

Date: _____

Name on Account: _____

List Other Adult members of the household: _____

Mailing Address: _____

Service/Physical Address: _____

Home Phone: _____ Cell Phone: _____

Building Type: Single Family/House Apartment Business

Own or Rent, Name of Owner or Landlord: _____

Phone _____

Driver's License or ID#: _____ State _____

Employer Name, Address & Phone: _____

Would you like for your account to be marked Confidential? Yes ___ or No ___ Please name any person allowed to access your account _____

Deposit for Service \$25.00

Date requested for Connection: _____

It is your responsibility as the account holder to keep all contact information current in the event of a sewer emergency.