

West Virginia Infrastructure and Jobs Development Council

Critical Immediate Need/No Service

Critical Immediate Need/Failure

Application Form

I. Describe the Critical Need

--

II. Total Estimated Cost

--

III. Schedule to Resolve Critical Need

--

IV. Proposed Remedial Action

--

V. Account Balances

Revenue Fund
Renewal and Replacement Fund
Capital Maintenance Reserve Fund
Other Available Funds

Submitted by: _____

Date Submitted: _____

West Virginia Infrastructure and Jobs Development Council

Critical Immediate Need/No Service

Critical Immediate Need/Failure

Application Form

(See Appendix A of the policy before completing this application.)

I. Utility (Sponsor)

Name: _____

County: _____

Contact: _____

Address: _____

Phone: _____

Emergency
Phone: _____

Fax: _____

Email: _____

II. Administrator (If the Applicant is not the Utility, please fill out this section.)

Organization: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____