

SERVICE NO: _____ MUNICIPAL AUTHORITY of WESTMORELAND COUNTY DATE: _____

ACCOUNT NO: _____ APPLICATION for Water and/or Sewage USER: _____ S02

I, _____, request that water service be initiated at the following location:

Street/Lot/Plan _____ City _____ Zip _____

Tax Map Number _____ County _____ Residence or Rental

APPLICATION SHALL BE A BINDING CONTRACT ON BOTH THE CUSTOMER & THE AUTHORITY UPON APPROVAL BY THE AUTHORITY

I am the **OWNER or COMMERCIAL TENANT** of the property listed above. I agree to use the water according to the rules and regulations of the Authority, copies of which are available for public inspection at the Authority office and on our website, www.mawc.org. I also agree to pay for water service at the above location in accordance with the rules and rates approved by the Municipal Authority of Westmoreland County within **fifteen (15) days** from the date that I receive the bill.

I further agree that I will complete the information called for within this application. I understand that I may be required to post a security deposit. In the event that I am required to post a security deposit, the amount will be determined by the Municipal Authority to secure the utility from loss. The amount of any security deposit I may be required to post will be refunded in accordance with the rules and regulations of the Municipal Authority of Westmoreland County (a complete copy of our Rules & Regulations can be found on our website, www.mawc.org).

TYPE OF SERVICE: Existing Service New Construction **CLASS OF SERVICE:** Residential Commercial Industrial

BUILDING TYPE: Single Family Dwelling Duplex Apartment Retail Other : _____

SANITARY SEWER SERVICE: On-Site/Private Public If public, list Sewer Authority _____

Are you a new customer? Yes NO If No, previous service address _____ City: _____ Zip _____

APPLICATION INFORMATION:

Main Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____
Employer: _____ Work Phone Number: (____) _____ - _____
Social Security Number: _____ - _____ - _____ Authorized Contact Person: _____
Driver's License #: _____ State: _____ E-Mail Address: _____

SPOUSE INFORMATION:

Name: _____ Employer: _____
Work Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Phone Number: (____) _____ - _____

COMPLETE BILLING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS:

Street: _____ City: _____ State: _____ Zip: _____

IF TENANT COMPLETE LANDLORD INFORMATION:

Name: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone Number (____) _____ - _____

**I represent that the above location is presently capable of accepting water service.
I understand that this application is accepted subject to the availability of water at this location.**

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Deposit Amount Water \$ _____ Deposit Amount Sewer \$ _____

Documentation Attached Commercial Lease Personal ID