SERVICE NO: _____ Municipal Authority of Westmoreland County DATE: _____

ACCOUNT NO: _____ Application for Water ☐ and/or Sewer ☐ Service USER _____ S02

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

Street/Lot/Plan_____ City_____ ZIP _____

Tax Map Number _____ County _____

SERVICE MAY BE EXTENDED TEMPORARILY UNTIL VERIFICATION WITH THE OWNER/LANDLORD IS RECEIVED.

I am the **OWNER / TENANT (circle one)** 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 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.

Type of Service
Existing Service ☐ New Construction ☐

Class of Service
Residential ☐ Commercial ☐ Industrial ☐

Building Type
Single Family Dwelling ☐ Duplex ☐ Apartment ☐ Retail ☐ Other ☐ If other, describe: _____

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_____

Applicant Information:

Main phone number: (_____) _____ - _____ Cell phone number: (_____) _____ - _____

Employer: _____ Work phone number: : (_____) _____ - _____

Social Security Number: _____ - _____ - _____ Authorized Contact Person _____

Drivers License # _____ State ____ E-mail Address _____

Spouse Information

Name: _____ Employer: _____

Work phone number: (_____) _____ - _____

In case of Emergency, contact:

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

Address: _____ City:_____ST: _____ Zip:_____

Complete billing address if different from service address:

Street:_____ City: _____ ST:_____ Zip: _____

If **TENANT**, complete landlord information requested below**:**

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: X_____**Date:** _____

Deposit Amount-Water $ _____ **Certificate #** _____ / **Deposit Amount-Sewer $** _____ **Certificate #** _____

Comments/Additional Information: _____

Documentation Attached: Lease ☐ Personal ID ☐ (rev. 03/29/07) **W-120A**