

The McCandless Township Sanitary Authority

418 Arcadia Drive, Pittsburgh, Pennsylvania 15237-5597

APPLICATION FOR SEWER SERVICE

DATE _____

Account Number: _____
Customer Number: _____

Dear Customer:

Subject to the Rates, Rules, and Regulations of The McCandless Township Sanitary Authority and which the undersigned applicant agrees shall form a part of this Contract, the applicant hereby makes application for sewage services for the premises located at:

The undersigned agrees and guarantees to pay for sewage service, and to accept such service in accordance with the Rates, Rules and Regulations and conditions applicable to the service furnished hereunder, and which shall, upon the date of this application, or at any time during the period the applicant is furnished sewage service as provided for herein, be currently in effect.

In accordance with the Rules and Regulations of the Authority, if required, the Applicant has deposited \$ _____, to secure the payment of bills for sewage service.

Please be advised that The McCandless Township Sanitary Authority offers a Deduct Meter Program for nonsewage use of water. Additional information is available through the Billing Department.

1. Please indicate if there is a garbage disposal on the premises.

Yes No

2. Are you the owner of this property?

Yes No

If No, please list the owner's name and address below

Signature of Applicant: _____ Date: _____

Telephone No.: _____