

MANOR TOWNSHIP JOINT MUNICIPAL AUTHORITY

2310 PLEASANT VIEW DRIVE FORD CITY, PA 16226-1535

(724) 763-2511 FAX (724) 763-7046

APPLICATION FOR WATER / SEWER SERVICE

(Applicable to all classes of service)

APPLICANT(S)	Name (First, Initial, Last)	
	Name (First, Initial, Last)	
	Service Address <i>Include physical address (number and street) where service is to be provided .</i>	
	Service City, State & Zip Code <i>where service is to be provided .</i>	
	Mailing Number & Street <i>where bills are to be mailed. (if different from above)</i>	Phone No.(include Area Code)
	Mailing City, State & Zip Code <i>where bills are to be mailed. (if different from above)</i>	Cell Phone No.(include Area Code)
Tax Map/Parcel No.	Municipality <i>where property is located.</i>	
Does this property abut the Authority's Water Main Line? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will this require crossing of any property that is not owned by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, list property owners name/address... <i>attach map of property to be served if you have</i>		
1		
2		
Type of Water Service User		
<input type="checkbox"/> Domestic/Residential (specify below) <input type="checkbox"/> Municipal (specify) _____ <input type="checkbox"/> Single Family Residence OR <input type="checkbox"/> Multiple Service (e.g. apartments, duplexes, etc.) <input type="checkbox"/> Industrial (specify) _____ No. of units _____ <input type="checkbox"/> Institutional (specify) _____ <input type="checkbox"/> Commercial(specify) _____ <input type="checkbox"/> Other (specify) _____		
SIGNATURES	Applicant	Applicant
	Date	Date

<i>Authority's Approval & Requirements by Applicant:</i>
<i>Authority's Denial & Reason:</i>