

**Towanda Municipal Authority
Water & Sewer System
PO Box 229, Towanda PA 18848
(570)265-2696**

"APPLICATION FOR WATER / SEWER SERVICE"

Applicant (First, Last) Name _____ / Employer's Name _____ / Employer's Phone # _____

Spouse/Co-Applicant (First, Last) Name _____ / Employer's Name _____ / Employer's Phone # _____
Applicant's Driver's License # _____ Co-Applicant's Driver's License # _____

Address where service is requested: _____

Township or Borough Name _____ Please be sure of apartment # (if applicable)
Twp / Boro (Circle One)

E-Mail Address: _____
Billing/Mailing Address: _____ Phone # _____
Contact / Message # _____

Directions to servicing address (including house, trailer color, etc.) **If located outside of Towanda Borough**

Previous Owner/Occupant If Known or Applicable: _____

(Check Appropriate Classification): Own _____ Lease/Land Contract * _____ *Copy of a recorded Deed must be provided with this application)

If you lease, the owner or lessor Name & Address: _____ If newly owned, closing date of the deed is: _____

Service Address is **Occupied** as (How applicant is applying for the service) (Check appropriate Classification)

1 Family Residence: _____ # of Occupants _____

Multiple Family Residence: _____ # of Apartments: _____

Retail Store, Business of Professional Office: _____ # of Employees: _____

Other (Please Specify) _____

If You've had prior Towanda Water or Sewer Service, please list address(es) and approximate date of service:

_____/_____/_____
_____/_____/_____
_____/_____/_____

Special Conditions (If Applicable): _____

I hereby apply to the Towanda Water & Sewer System for water/sewer service at the above address location and only for the purpose as stated in this application. I agree to abide by the rates, rules and regulations of the Towanda Water & Sewer System, including any special conditions indicated above. Any falsification of information, tampering with company equipment or failure to pay water and sewer bills, I understand may mean termination of service until restitution or corrections have been made.

Applicant or Authorized Signature _____ Date _____ Date service requested: _____

Co-Applicant Signature (If available) _____ Date _____

Office Use Only: -----**Account #** _____

Service Requirements: Final Reading _____ Install Meter & Turn On _____ New Connection to the Main _____
Other: _____

Applicable Fees: New Connection to the Main (Water) \$ _____ (Sewer) \$ _____ Other: _____

Total Fees Collected: _____ Attached Receipt(s) Date: _____ Initials _____ Check if Work Order completed for dispatching: _____ Work Order Name (Previous) _____ Have all previous outstanding bills with this customer been paid? _____ Special notes or ID Verification (If applicable) _____

Application approved by: _____ Date: _____