

Wysox Township Municipal Authority
Water & Sewer System
PO Box 221, 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 # _____ State _____ Co-Applicant's Driver's License # _____ State _____

Address where service is requested: _____

E-Mail Address: _____

Billing/Mailing Address: _____ Phone # _____

_____ Contact / Message # _____

Directions to servicing address (including house, trailer color, etc.)

Previous Owner/Occupant If Known or Applicable: _____

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 service with Wysox Township Municipal Authority, please list address(es) and approximate date of service:

_____/_____/_____
_____/_____/_____

Special Conditions (If Applicable): _____

I hereby apply to the Wysox Township Municipal Authority 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 Wysox Township Municipal Authority, 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: _____