



South Buffalo Township Municipal Authority
 167 Northpointe Blvd, Suite 300
 Freeport, PA 16229
 sbtma167@gmail.com
 Phone: 724.295.0430

APPLICATION FOR WATER SERVICE

Subject to established rates, Rules & Regulations, and any charges or amendments hereafter made, I, the undersigned hereby make this application for water service. Service to begin on _____ or as soon as the Authority can provide service with service to continue until applicant notifies the Authority by letter to discontinue service.

SERVICE ADDRESS ACCT #: _____ (Office use only) TODAY'S DATE: _____

Request by Owner:

Name: _____ Phone # _____

Street(service)Address: _____

City/State/Zip Code: _____

The undersigned hereby accepts full responsibility for bills.

Sign: _____ Print Name: _____

**BILLING ADDRESS (if different from service address): _____

Request by Tenant:

Name: _____ Phone# _____

Service Address

Street Address: _____

City/State/Zip Code: _____

Billing Address (if different from Service Address): _____

Tenant's Landlord's Name: _____

The undersigned hereby accepts full responsibility for bills.

Sign: _____ Print Name: _____

FOR AUTHORITY USE ONLY:

Application approved by: _____

Tap Fee Paid: YES or NO: Amount Paid: _____

Service Started On: _____

Service Terminated On: _____

Reason for Termination: _____

Meter Size: _____ Meter Pit: YES or NO: Amount Paid: _____