The North Fayette County Municipal Authority
1634 University Drive Dunbar PA 15431
County of Fayette, Commonwealth of Pennsylvania
(724) 626-1211 (724) 438-7361 Fax: (724) 626-8497

Application For Water Service and Water Service Connection

Date: 3/27/2015

Contract Number:

Application Number:

Phone:

License #:

Fees: Service Activation Fee $30.00

Tapping Fee .

Meter and Appurtenance Fee .

Meter, Meter Pit, & Lid and Appurtenance Fee .

Subject to the rules and regulations of the North Fayette County Municipal Authority, which it is agreed, shall form a part of this contract, the undersigned hereby makes application to the Authority for a water service connection and for water service at the following premise:

Service Address:

Owned By:

Rented By:

Used For: Residential

Owner Information (If Rental)

Address

City:

Phone:

The Applicant agrees and guarantees to pay to the Authority for water service at the above premises in accordance with the rates, terms, conditions, rules, and regulations applicable to the service supplied hereunder and which shall, upon date of this application or at any time during the period that the applicant is supplied with water service as provided for herein, be currently in effect and as published in the Authority's rate schedule.

This application is accompanied by a Tapping Fee, a Meter and Appurtenance Fee, or a Meter, Meter Pit & Lid and Appurtenance Fee, which is non-refundable, in the amount of .

The Authority's responsibility for material and installation of meter pit, lid and appurtenances is thirty (30) days.

The Applicant agrees to a one-time $30.00, non-refundable, Service Activation Fee that will appear on the customer's first bill.

Signature of Applicant: _____

Mailing Address:

City,State,Zip:

Approved and Accepted @ The North Fayette County Municipal Authority by: _____ Per _____

Former Occupant at these premises: _____

Applicant last used water in the Authority's System at: _____

**** The North Fayette County Municipal Authority is an equal opportunity provider & employer ****