

ACCOUNT NO: \_\_\_\_\_ Tri County Joint Municipal Authority Application for Water Service DATE: \_\_\_\_\_

I, \_\_\_\_\_ request that water service be restored or initiated at the following location:

Street/Lot Plan \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Tax Map Number \_\_\_\_\_ County \_\_\_\_\_

SERVICE MAY BE EXTENDED TEMPORARILY UNTIL VERIFICATION WITH THE OWNER/LANDLORD IS RECEIVED

I am the OWNER / TENANT (circle one) of the property listed above. I agree to use the water according to the rules and regulations of the Authority, copies of which are available for public inspection at the Authority Office, and to pay for water service at the above location in accordance with the rules and rates approved by Tri County Joint Municipal Authority within thirty (30) days from the date that I receive the bill.

I further agree that I will complete the information called for within this application. I understand that I may be required to post a security deposit. In the event that I am required to post a security deposit, the amount will be determined by the Authority to secure the utility from loss. The amount of any security deposit I may be required to post will be refunded in accordance with the rules and regulations of Tri County Joint Municipal Authority

Type of Service

Class of Service

Existing Service New Construction Residential Commercial Industrial

Building Type

Single Family Dwelling Duplex Apartment Retail Other If other, describe: \_\_\_\_\_

Are you a new customer? Yes No

If No, previous service address: \_\_\_\_\_ City \_\_\_\_\_

Applicant Information:

Main phone number: ( ) -

Cell phone number : ( ) -

Employer: \_\_\_\_\_

Work phone number: : ( ) -

Social Security Number: - -

Authorized Contact Person \_\_\_\_\_

Drivers License # State

E- MAIL ADDRESS \_\_\_\_\_

Spouse Information

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone number: ( ) -

E-mail Address \_\_\_\_\_

In case of Emergency, contact:

Name: \_\_\_\_\_

Phone Number: ( ) -

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Complete billing address if different from service address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

If TENANT, complete landlord information requested below:

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: ( ) -

I represent that the above location is presently capable of accepting water service. I understand that this application is accepted subject to the availability of water at this location.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_ Certificate # \_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_

Documentation Attached: Lease \_\_\_ Personal ID \_\_\_ Deed \_\_\_ Closing Statement \_\_\_

(rev. 11/01/14) TC-SA

Fax completed application to (724) 377-2212 or email to admin@tricitypa.org