

(For Authority use) Account Number: \_\_\_\_\_

**SLIPPERY ROCK MUNICIPAL AUTHORITY**  
116 CRESTVIEW RD., P.O. Box 157, Slippy Rock, PA 16057-0157  
724-794-6552 • www.srmaws.com • FAX 724-794-4033

**APPLICATION FOR WATER/SEWER SERVICE**

**SERVICE DEPOSIT**

Payment of the service deposit constitutes a contract between the Applicant and Slippy Rock Municipal Authority (SRMA) for water and/or sewer service wherein applicant agrees to pay monthly by meter measurement at the adopted schedule of rates currently in effect or hereafter adopted in accordance with the rules and regulations of Slippy Rock Municipal Authority.

Upon termination of water and/or sewer service and payment of any final billings, the service deposit will be refunded to the applicant. At the applicant's request the final billing may be deducted from the service deposit with the balance refunded to the applicant. Final billings remaining unpaid after thirty (30) days of issuance will automatically be deducted from the service deposit and the balance refunded to the applicant.

I have requested water and/or sewer service from Slippy Rock Municipal Authority for the service address below and have paid a service deposit in the amount of \$100.00 for the account.  
I understand that someone must be in the apartment on the date and time requested to have the water service activated.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Cash  Check Number: \_\_\_\_\_ Approved by SRMA: \_\_\_\_\_

Requested Start Date:		<input type="checkbox"/> 8 am – 9 am	<input type="checkbox"/> Noon – 1 pm
<b>Print Name of Applicant:</b>			
<b>Print Service Address:</b>			
<b>Billing Address if different from Service Address:</b>			
Name:			
Street Address:			
City, State & ZIP:			

**EMERGENCY CONTACT INFORMATION**

Please enter your contact information for our emergency notification list so you can be contacted with important information and announcements. This information is solely for the use of Slippy Rock Municipal Authority and will not be provided to another party.

Primary Phone:		Landlord/Property Manager:
Alternate Phone:		Start of Lease:
Email Address:		End of Lease:
Text/SMS Information:		
Cell Phone Number:		
Cell Phone Provider:		

**For Authority use:**

Date of Final:		Deposit:	\$100.00		
Date Final Paid:		Final Deducted:		Check #	
Deduct Final from Deposit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Refund Amount:		Check #	