

(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

**PROPERTY OWNER
APPLICATION FOR WATER/SEWER SERVICE**

Per Authority Rules and Regulations, the Owner of property connected to the Authority's Water System and/or Sewer System is obligated to pay to the Authority for such services.

I have requested water and/or sewer service from Slippy Rock Municipal Authority for the service address below. I understand that someone must be in the residence on the date and time requested to have the water service activated.	
Signature of applicant: _____	Date: _____
Approved by SRMA: _____	

Requested Start Date:	_____	<input type="checkbox"/> 8 am – 9 am	<input type="checkbox"/> Noon – 1 pm
Print Name of Applicant:	_____		
Print Service Address:	_____		
Billing Address if different from Service Address:			
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:	_____
Alternate Phone:	_____
Email Address:	_____
Text/SMS Information:	
Cell Phone Number:	_____
Cell Phone Provider:	_____