

Account No.: _____

CHANGES REQUIRE THE COMPLETION OF THIS FORM	Date:
SLIPPERY ROCK MUNICIPAL AUTHORITY	
116 CRESTVIEW ROAD, P. O. BOX 157	
SLIPPERY ROCK, PA 16057	
724-794-6552 • fax • 724-794-4033	
www.srmaws.com	

APPLICATION FOR WATER/SEWER SERVICE

Slippery Rock Municipal Authority will supply water, at a metered rate, to the property owned by the Customer, located at (service address), _____ Slippery Rock, PA.

The Customer shall pay to the Authority, the charges for water supplied, in Accordance with the Authority's Rules and Regulations and Fee and Rate Schedules.

Owner Information	Copy of Bill is to be Sent To:
	C/O
Name (per County Tax Parcel)	Name
Address	Address
City, State, ZIP	City, State, ZIP
Phone Number	Phone Number
Email address	Email address

The Customer shall protect the water meter from damage, including freezing.

The Customer understands service is provided through a service line owned and maintained by the customer and responsibility of the customer shall extend from the structure to the Customer's side of the curb stop/property line.

The Customer shall permit the Authority, upon reasonable times, the right to enter the premises of the Customer for the purpose of reading, inspecting, repairing or replacing the water meter owned by the Authority.

The Customer further understands that failure or refusal to permit the Authority or its agent or designee to enter the said premises, the Authority shall be authorized to obtain an ex parte injunction from the Court of Common Pleas having jurisdiction granting access to said premises for the purpose of reading, installing, repairing or replacing its water meter.

The Customer shall notify the Authority, as outlined in Section 2.4 of the Rules and Regulations, of change of property ownership.

Will this property be occupied by owner? ___ Yes ___ No

Is this a rental property? ___ Yes ___ No

	Date:
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Owner (per County Tax Parcel) Signature