CHANGES REQUIRE THE COMPLETION O	DE TUIS EODM
SLIPPERY ROCK MUNICIPAL AUTHORITY	ready o Bate.
	Start Date:
116 CRESTVIEW ROAD, P. O. BOX 157 SLIPPERY ROCK, PA 16057	
724-794-6552 • fax • 724-794-4033	
www.srmaws.com	'
www.simaws.com	
APPLICATION FOR WATER/SEWER SERVICE	
Slippery Rock Municipal Authority will supply owned by the	water, at a metered rate, to the property
Customer, located at (service address), PA.	Slippery Rock,
The Customer shall pay to the Authority, the corresponding sewer service charges, in According and Fee and Rate Schedules.	
Owner Information	Copy of Bill is to be Sent To:
Name (per County Tax Parcel):	Name:
Address:	C/O Address:
Addiess.	Address.
City, State, ZIP:	City, State, ZIP:
Phone Number: Is this a cell phone number? Yes:	Phone Number: Is this a cell phone number? Yes:
Fmail address:	Fmail address:
How do you prefer to be contacted	d? Phone: Email:
The Customer shall protect the water met	er from damage, including freezing.
	provided through a service line owned sponsibility of the customer shall extend le of the curb stop/property line.
The Customer shall permit the Authority, premises of the Customer for the purpose of the water meter owned by the Authority.	upon reasonable times, the right to enter the reading, inspecting, repairing or replacing
agent or designee to enter the said premises	mon Pleas having jurisdiction granting access
The Customer shall notify the Authority, a Regulations, of change of property ownership	
Will this property be occupied by owner?	Yes No
Is this a rental property? Yes No	
	Date:
Owner (per County Tax Parcel) Signature	Date.

Account No.: