	Account No.:
CHANGES REQUIRE THE COMPLETION (OF THIS FORM
SLIPPERY ROCK MUNICIPAL AUTHORITY	OF THIS FORM Today's Date: Start Date:
116 CRESTVIEW ROAD, P. O. BOX 157	Start Date.
SLIPPERY ROCK, PA 16057	
724-794-6552 • fax • 724-794-4033	}
www.srmaws.com	
APPLICATION FOR W	ATER/SEWER SERVICE
Slippery Rock Municipal Authority will supply bwned 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 sed and Rate Schedules.	
Owner Information	Copy of Bill is to be Sent To:
Name (per County Tax Parcel):	Name:
Address:	C/O Address:
Address:	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:
Email address:	Email address:
How do you prefer to be contacted	d? Phone: Email:
The Customer shall protect the water met	ter from damage, including freezing.
	s provided through a service line owned sponsibility of the customer shall extend le of the curb stop/property line.
	upon reasonable times, the right to enter the of reading, inspecting, repairing or replacing
agent or designee to enter the said premise an ex parte injunction from the Court of Com	ailure or refusal to permit the Authority or its es, the Authority shall be authorized to obtain mon Pleas having jurisdiction granting access g, installing, repairing or replacing its water
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	