

MUNICIPAL AUTHORITY OF HARMAR TOWNSHIP
200 PEARL AVENUE, CHESWICK, PA 15024
PHONE: 724-274-7383
FAX: 724-2747358

FOR AUTHORITY USE ONLY
Account Number-_____
Service On_____

CUSTOMER OWNER APPLICATION

CUSTOMER NAME _____

CONTACT NAME (If Different Than Customer Name) _____

SERVICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (If Different Than Service Address) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ Email Address (optional) _____

The undersigned herewith makes application for water/sewage service to be supplied by metered measure from the Municipal Authority of Harmar Township.

The undersigned agrees to pay for such water/sewage service in accordance with the rates now or hereafter to be established by the Municipal Authority of Harmar Township and further agrees to abide at all times by the rules and regulations of the Municipal Authority of Harmar Township which are now effective and which may hereafter be adopted. (Copy of said rates, rules and regulations are on file at the Authority office.)
PROOF OF OWNERSHIP IS REQUIRED FOR NEW OWNERS.

CUSTOMER SIGNATURE _____ DATE _____

CUSTOMER SIGNATURE _____ DATE _____