

MOUNTAIN TOP REGIONAL WATER AUTHORITY
PO BOX 294
SNOW SHOE PA 16874
814-387-6707

APPLICATION FOR WATER SERVICE

Impact Fee \$300

APPLICANT _____

MAILING ADDRESS _____

CONNECTION ADDRESS _____

TELEPHONE NUMBER _____

I hereby agree to be subject to all rates, rules and regulations now or hereafter set by the Mountaintop Regional Water Authority. As property owner, I understand that I am solely responsible for any and all expenses, including any and all parts and labor, incurred during installation plus the current impact/tap on fee. The impact fee must be paid prior to any work beginning at this location.

All parts must be purchased through the Authority. All bills for water service will be sent to the property owner/applicant and become their responsibility to pay or collect from any tenants should that be the case.

SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____

Connection fee paid _____ Size of piping and meter _____

Connected by _____ Inspected by _____

Parts/expense invoice sent _____ Invoice paid _____

Installation complete and water service turned on by: _____ DATE: _____

NOTES: