

NEW SEWAGE ACCOUNT APPLICATION

New applicants **must return this form to our office at **2800 Walnut Street, McKeesport, PA 15132** along with a copy of their current lease agreement (if applicable) and two forms of identification. **

DATE _____ ACCOUNT # _____

REQUESTED DATE OF NEW SERVICE _____

CUSTOMER NAME _____

PROPERTY ADDRESS _____

HOME PHONE NUMBER _____ CELL NUMBER _____

PREVIOUS ADDRESS _____

TWO FORMS OF ID _____ (_____)

_____ (_____)

IF DIFFERENT FROM ABOVE

OWNER _____

ADDRESS _____

PHONE NUMBER _____

DELINQUENT SEWAGE _____ YES _____ NO

METHOD OF RESOLUTION _____

I, the undersigned customer, acknowledge and agree that I shall be financially responsible for any amounts due for Sewage Service provided to my account and any late fees or charges until termination of service. Any deposit may be applied against any outstanding amount on the final bill and any remaining credit of initial deposit will be refunded.

SIGNATURE _____ DATE _____