



WILLIAMSPORT MUNICIPAL WATER AUTHORITY

And

WILLIAMSPORT SANITARY AUTHORITY

253 WEST FOURTH STREET

WILLIAMSPORT, PA 17701

(570) 323-6148

NEW SERVICE REQUEST APPLICATION

PLEASE CHECK ONE: RESIDENTIAL COMMERCIAL INDUSTRIAL

Service Address: (Location of property where water/sewer is being supplied) Apt. #: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner Information: Check this Box if owner address is the same as Service Address.

Name: _____

****Home or Business Phone: _____ Cell Phone: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

EMAIL ADDRESS: _____

Rental Properties – Tenant Information REQUIRED:

Primary Leaseholder Name: _____

****Tenant Home Phone: _____ (OR) Tenant Cell: _____

Bill sent to: Tenant: _____ Owner: _____ Both: _____ *****Delinquent Notice required to go to Owner***

*****Contact Phone Numbers for Emergencies are required for change to be completed.**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT ALL REQUESTS HEREIN ARE AUTHORIZED BY THE PROPERTY OWNER, AND/OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AGENT. I FURTHER AGREE TO COMPLY WITH ALL RULES, REGULATIONS AND RATES GOVERNING THE FURNISHING OF WATER AND SEWER SERVICE AS CONTAINED IN THE RULES AND REGULATIONS, LAWS, CODES AND ACTS OF THE AUTHORITIES, STATE OF PENNSYLVANIA, AND FEDERAL GOVERNMENT. I FURTHER AGREE TO BE BOUND BY ANY SPECIAL CONDITIONS, RESTRICTIONS AND REGULATIONS AS MAY BE IMPOSED BY THE AUTHORITIES, INCLUDING APPLICABLE WSA NON-DOMESTIC WASTEWATER DISCHARGE PERMIT CONDITIONS.

IN ACCORDANCE WITH THE UTILITY SERVICE TENANT RIGHTS ACT, IT SHALL BE THE DUTY OF THE LANDLORD TO PROVIDE THE AUTHORITY WITH THE NAMES AND ADDRESSES OF TENANTS OCCUPYING PROPERTIES SERVICED BY THIS AUTHORITY AND TO CONTINUE TO UPDATE THE AUTHORITY WITH CURRENT INFORMATION AS PROPERTIES CHANGE TENANT OCCUPANCY.

SIGNATURE OF OWNER: _____ DATE: _____

AUTHORITY USE ONLY

ACCOUNT NUMBER: _____ SERVICE NUMBER: _____

APPROVED BY: _____ DATE: _____



New Service Application

Municipality: _____ **Water:** _____ **Sewer:** _____

New Tap: _____ **Increase Tap Size or Volume:** _____

WMWA/WSA Engineering Approval (Required): _____

WATER Connection Size: _____ **SEWER Connection Size:** _____

#EDUs: _____ **GPD:** _____

Residential: _____ **Commercial:** _____ **Industrial:** _____ **Municipal:** _____ **Fire Protection:** _____

Requested Date of Service: _____

FEEs:

Water Tapping Fee: \$ _____

Sewer Tapping Fee: \$ _____

Water Connection Fee: \$ _____

Sewer Connection Fee: \$ _____

Fire Service Est: \$ _____

Misc. Fee: \$ _____

Reconnection Fee: \$ _____

Misc. Fee: \$ _____

Total Fees Due: \$ _____

Payment Notes: _____

Water Tap Order Completed for Garage

Sanitary Tap Order Completed for Garage

Initials: _____

Initials: _____

Notes:
