



LATERAL MAINTENANCE APPLICATION

Date: _____ **Name:** _____

Service Address: _____

Mailing Address (if different than above): _____

Account #: _____ **Phone #:** _____

Signature: _____

Type: residential: ____ meter pit: ____ commercial: ____

Line Size: _____

Service line type: copper: ____ galvanized: ____ blue poly CTS/with trace: ____ pvc: ____

Check valve: yes: ____ no: ____ **Check valve type:** _____

Calibration Read: _____

Approved By: _____ **Date:** _____

Declined By: _____ **Date:** _____

Reason Declined: _____

Does not cover to rear properties and/or where the meter is in the front house

Lateral Maintenance charges will be billed in installments on each bill throughout the year upon approval of the application.

Mifflin County Municipal Authority (MCMA) reserves the right to reject any application for this plan. Approval will be at the discretion of MCMA staff and premium payment will be expected with ten (10) days of approval notification.