

MIFFLIN COUNTY MUNICIPAL AUTHORITY

APPLICATION FOR NEW WATER SERVICE

SERVICE TYPE: DOMESTIC ___ COMMERCIAL ___ INDUSTRIAL ___ PUBLIC ___

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PROPERTY TO BE SERVED ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PROPERTY OCCUPIED AS: _____

PHOTO I.D.#: _____

PHONE NO.: _____

SSN: _____

BIRTH DATE: _____

NEAR CONTACT: _____

PHONE NO.: _____

EMAIL: _____

I/WE HEREBY MAKE APPLICATION FOR NEW SERVICE AT THE PREMISES AS STATED ABOVE AND REQUEST MIFFLIN COUNTY MUNICIPAL AUTHORITY TO MAKE CONNECTION WITH ITS DISTRIBUTION SYSTEM.

For Office Use Only	Account Number Assigned: _____
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TABLE 1 INDICATES APPLICANT'S REQUIREMENTS FOR SERVICE

Note 1 Table 1 to be completed by the Applicant

Note 2 Table 1 does not need to be completed if the application is for one single family residence.

TABLE 1					
Service Type	Projected Average Flow (gpm)	Projected Peak Flow (gpm)	Required Minimum Pressure (psi) ¹	Required Duration of Flow (minutes)	Will there be Sprinklers? Y/N?
Fire Service ²	N/A				
Non-Fire Service				N/A	N/A

¹Measured at the service shutoff at the street

²Sum of required hydrant and sprinkler flow

Applicant's estimate of number of new customers:

Residential: _____ Commercial: _____

Industrial: _____ Public: _____

THE UNDERSIGNED UNDERSTANDS THAT THIS DOCUMENT IS AN APPLICATION FOR WATER SERVICE, THE APPLICANT'S COMPLETION OF WHICH DOES NOT CONSTITUTE AN OFFER OF SERVICE BY MIFFLIN COUNTY MUNICIPAL AUTHORITY.

MIFFLIN COUNTY MUNICIPAL AUTHORITY WILL REVIEW THE APPLICATION AND WILL NOTIFY THE APPLICANT IN WRITING OF ITS APPROVAL OR REJECTION OF THE APPLICATION AND ANY TERMS OF SERVICE ASSOCIATED THEREWITH.

THE APPLICANT AGREES TO MAKE AN INITIAL DEPOSIT FOR ALL ACT 57 RELATED CHARGES INCURRED WITH THE CONNECTION IN THE AMOUNT OF \$966.00. ADDITIONAL ACT 57 CHARGES MAY APPLY. THE APPLICANT WILL BE NOTIFIED OF ADDITIONAL ACT 57 CHARGES AS PART OF THE WRITTEN NOTIFICATION PROCEDURE. APPLICATION APPROVAL IS NOT GRANTED UNTIL PAYMENT BY THE APPLICANT OF ALL ACT 57 AND RELATED CHARGES.

APPLICANT(S) SIGNATURE: _____

FEDERAL EIN #: _____

I have been advised of the current rates and rules on tap fee expiration: _____

I have received a copy of the residential Service Line Specifications: _____

I acknowledge active / water available accounts are billed the current minimum charge for zero consumption: _____

I acknowledge a copy of the rates and rules can be obtained at www.mifflincountyh2o.com _____