

Mifflintown Municipal Authority
PO Box 36
Mifflintown, PA 17059
PH 717-436-2342



Application for New Water Service

Date: _____

Account No _____

Applicant Information:

Name: _____

Main Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

SSN: _____ - _____ - _____ Date of Birth: _____

Driver's License/Photo ID #: _____

Near Contact: _____ Phone No: _____

Address of property to be served:

Street: _____

City: _____ ST: _____ Zip: _____

Complete Billing Address if different from Service Address:

Street: _____

City: _____ ST: _____ Zip: _____

Class of Service:

Residential Commercial Industrial Public

Property to be occupied as:

Residence Rental

I, _____, the owner at the property listed above, agree to abide by the rules and regulations that are now in effect. I understand that I am responsible for the water meter and any damage done to the water meter by freezing or tampering. I agree to pay for any damage done to the meter.

Applicant Signature: _____

Date : _____

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 THE MIFFLINTOWN MUNICIPAL AUTHORITY.

THE MIFFLINTOWN 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 \$2,300.00. 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 #: _____