

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: _____

Service Type:

Domestic Commercial Industrial Public

Property to be occupied as:

Residence Rental

I/We, _____, 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 : _____