

1111 Bardo Avenue Jersey Shore, PA 17740 570-398-1443

NEW SERVICE REQUEST APPLICATION

CHECK TYPE OF SERVICE:	RESIDENTIAL	COMMERCI	AL	INDUSTRIAL
SERVICE ADDRESS: (LOCATION OF PROPERTY WHERE WATER IS BEING SUPPLIED)				
ADDRESS			APT	#
CITY	STATE		ZIP	
OWNER INFORMATION:	CHECK IF OWNER	ADDRESS IS T	HE SAME AS	S SERVICE ADDRESS.
NAME:				
HOME OR BUSINESS PHONE:	CELL PHONE:			
ADDRESS			APT	#
CITY	STATE		ZIP	
EMAIL ADDRESS:				
SERVICE INFORMATION:				
WATER CONNECTION SIZE: _	GPD:			
TAPPING FEE: (SEE ATTACHE	D TAPPING FEE SCHEDU	LE) \$		
FIRE CONNECTION SIZE:	FIRE FLOW DEMAND (GPM):	_ (HOURS):_	
REQUESTED DATE OF SERVIO	DE:	_		
SIGNATURE OF APPLICANT _	_		DATE	
AUTHORITY USE ONLY				
PAIDAMOUNT / CHECK #	RECEIVED BY			DATE
CONNECTION APPROVAL WITHIN 30 DAYS OF APPLICATION:				
DATED	SIGNATURE			
INSPECTED BY:		DATE:		