This is a Sample Form Only

Account Number _____

Service Number _____

Cross Reference _____

The Municipal Authority of the Borough of West View

412-931-3500 **210 Perry Highway • Pittsburgh, PA 15229** 412-364-1257

APPLICATION FOR WATER SERVICE

Application is hereby made to West View Water for the provision of water by meter measurement to the premises described below. This application is made subject to the Rates, Rules and Regulations of The Municipal Authority of the Borough of West View, which are hereby referred to, agreed to and made a part hereof, upon approval by West View Water Authority and by signature of the applicant. Rules and Registrations are available for examination at the Administration building. Rate Schedules are available upon request.

PLEASE PRINT OR TYPE ALL INFORMATION

_____ _____ _____

Applicant(s) Name | Home Phone | Owner/Tenant/Agent

_____ _____

Service Address, Including Municipality | Work Phone

_____ _____ _____

City | State | Zip Code

_____ _____ _____

Billing Address | State | Zip Code

_____ _____ _____

Owner Information Name | Address | Telephone

I/We apply for a metered water service to the property as noted on this application and agree to be jointly and/or individually liable for payment of said water service. I/We agree to abide by the Rules and Regulations of The Municipal Authority of the Borough of West View. I acknowledge that I have received the Customer Service Handbook and Information regarding this water account.

Date: _____ Applicant Signature #1 _____

Date: _____ Applicant Signature #2 _____

OFFICE USE ONLY

TYPE OF ACCOUNT

____ Residential ____ Commercial ____ Municipal ____ Industrial

____ Resale ____ Temp/Construction ____ Private Fire Protection/Fireline or Hydrant(s)

SERVICE INFORMATION (*If Necessary*)

Renewal/Size of Line _____ No. of Units/Apartments_____ Size of Meter _____

No. of Meters _____ Water Meter Location _____ Backflow Preventer _____

DEPOSIT REQUIREMENTS

Amount _____ Receipt No. _____

Special Conditions _____

CUSTOMER HANDBOOK _____ **RATE SCHEDULE** _____

Date Service Requested _____ Accessibility To Meter _____

Authority Representative _____

Date _____ Service Order _____