

THE BEAVER FALLS MUNICIPAL AUTHORITY

Application For Water Supply To The Beaver Falls Municipal Authority

For Office Use Only

Service No. _____

Account No. _____

Date _____

Yes No

Previous Balance

Multiple Consumers

PLEASE PRINT

Name _____

Phone _____

Service Address _____

STREET

CITY STATE ZIP

Mailing Address: (if different from above)

Identification:

STREET

Drivers License No. _____

CITY STATE ZIP

Other I.D. _____

Please Check Appropriate Box:

- (1) I desire water service for: Domestic Commercial
 Industrial Public
 Private Fire

- (2) I am the: Property Owner Tenant* If tenant: Deposit No. _____
If tenant, please complete the following:

Name of Landlord _____

Landlord Address _____

STREET

CITY STATE ZIP

Landlord Telephone Number _____ - _____ - _____ Autotransfer: Yes No
AREA CODE

I hereby make application for a supply of water, subject to the Rules and Regulations of the Beaver Falls Municipal Authority, to be used for the purposes specified above. And request the said Authority to make connection with its distribution system, and in consideration for it doing so, agree with the said Authority, its Successors and Assigns, to take such supply of water and to pay for the same in accordance with the schedule of rates adopted by said Authority; and further agree to conform to the Rules and Regulations adopted from time to time by said Authority.

Authority's Employee

Applicant's Signature