

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	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Consumers	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

AREA CODE

Autotransfer: Yes No

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

*Attention Tenants: A copy of this application will be sent to the landlord of the property listed above.

