

HALIFAX AREA WATER AND SEWER AUTHORITY

SEWER SERVICE CONNECTION APPLICATION

PROPERTY ADDRESS: _____
PROPERTY OWNER: _____
MAILING ADDRESS: _____

CONTACT PERSON: _____
TELEPHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF ACCOUNT: _____ RESIDENTIAL _____ COMMERCIAL
_____ OTHER (SPECIFY): _____

NUMBER OF EQUIVALENT DWELLING UNITS: _____

DATE SERVICE REQUIRED: _____

SPECIAL CIRCUMSTANCES: _____

By signing this Application, the applicant agrees to abide by the Rules and Regulations of the Halifax Area Water and Sewer Authority, in particular the provisions governing the terms, conditions, fees and charges relating to water service.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DATE

APPLICATION REQUEST FOR WATER SERVICE MUST BE SUBMITTED AT LEAST SEVEN (7) DAYS BEFORE SERVICE IS REQUIRED.

AUTHORITY USE ONLY

INSPECTION DATE: _____ INSPECTOR: _____

Please complete and return to:

Halifax Area Water and Sewer Authority
Post Office Box 443
Halifax, PA 17032

May also be
paid/submitted at
Hoover Financial Services
3733 Peters Mountain
Road,
Halifax

MUST PRESENT **STAMPED PAID RECEIPT TO CONTRACTOR & INSPECTOR FOR CONNECTION**

Tapping Fee Paid: \$ _____ Date Paid: _____ Method Payment: Cash Check CC
Lateral Inspection Fee Paid: \$ _____ Date Paid: _____ Method Payment: Cash Check CC
Received by: _____