

HALIFAX AREA WATER AND SEWER AUTHORITY

SEWER SERVICE APPLICATION

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

CONTACT PERSON: _____
TELEPHONE NUMBER: _____
ACCOUNT NUMBER: _____
TYPE OF ACCOUNT: _____ RESIDENTIAL _____ COMMERCIAL
_____ OTHER (SPECIFY): _____
LATERAL SIZE: _____
NUMBER OF EQUIVALENT DWELLING UNITS: _____
DATE SERVICE REQUIRED: _____
NEW CONSTRUCTION: _____ YES _____ NO
OWNERSHIP TRANSFER: _____ YES _____ NO
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 sewer service.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DATE

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

AUTHORITY USE ONLY

INSPECTION DATE: _____ INSPECTOR: _____
FEES PAID: _____

Please complete and return to:

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