

MON VALLEY SEWAGE AUTHORITY
20 S Washington Street Donora, PA 15033
724-379-4141

APPLICATION FOR SERVICE

Please print the following information

Service Address _____ Account # _____

Owner _____ Classification _____

Tenant _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

I, _____, subject to the rates, rules and regulations of the Mon Valley Sewage Authority which are presently in force or which may hereafter be adopted and which I agree shall form part of this contract, hereby make application for sewer service at the above service address and in consideration of the conveyance and treatment service provided by the Authority I agree to make payment therefore in accordance with the established rates, rules and policy.

I further understand that the Mon Valley Sewage Authority shall collect a deposit along with this application in the amount of \$75.00 if I am a residential customer and if a commercial, industrial or other consumer then the deposit shall be based upon quarterly water consumption as estimated and established by the Authority. In addition, if I timely pay for service over a period of twelve consecutive months or if I should terminate/discontinue service prior to that time then I shall be entitled to a complete refund of said deposit provided all service charges are paid in full.

Applicant's Signature _____ Date _____

Received by the Authority: _____
Date _____

Payment _____ Check # _____ Cash _____ Credit/Debit _____