APPLICATION FOR WATER SERVICE
MUNICIPAL AUTHORITY OF WASHINGTON TOWNSHIP

This Credit Deposit Application for Water Service is subject to the Rules and Regulations established by the Municipal Authority of Washington Township. A deposit in the amount of One Hundred Dollars ($ 100.00) is required with this application, payable to MAWT. The deposit is refundable after a period of three years if payments have been satisfactory and there is no balance due on the account, or it may be applied to your "Final Bill" when vacating the premises. Refunds are optional and discretionary with the Authority after review of payment records in accordance with the general rules.

By signing this application, you agree to protect the meter from freezing or rough usage, and that you will be responsible for all charges incurred at this address.

Bills are issued quarterly and are determined by meter registration. Minimum charge for water service per quarter is $70.89 (Harmony Church minimum charge is $93.39) A 6,000 gallon usage allowance is included in the quarterly charge. Any usage over 6,000 gallons will be billed at $4.73 per 1,000 gallons. (Harmony Church is $8.48 per 1,000 gallons) Approximately 20 days are given for payment of your water bill, after which a 5% penalty is assessed. If the balance remains unpaid after 10 additional days, a delinquent notice will be sent with a water shut-off date if the account remains unpaid. You will be billed for any charges connected with collecting unpaid bills. If a check is returned for insufficient funds, a $45.00 fee will be added to the account. If water is shut off for a delinquent account, a $ 35.00 fee will be added to the account.

If service is to be discontinued at this service location, the Authority is to be notified and arrangements made for the proper termination of service within 5 days. Failure to notify the Authority will necessitate additional charges on this account.

Please Check One: Owner ☐ Landlord ☐ Tenant ☐

NAME_____

SERVICE LOCATION _____**No. In Household**_____
Street, City, and Zip code

ADDRESS WHERE BILLS ARE TO BE SENT _____

PHONE NUMBER: HOME_____ **WORK** _____ **CELL** _____
(If tenant is checked above, list name of landlord, address and telephone number.) Water service will NOT BE STARTED if landlord information is not completed prior to the scheduled turn on date or if there is a balance due on the account.

NAME OF LANDLORD_____

ADDRESS_____**PHONE**_____
CITY, STATE, AND ZIPCODE
NAME OF FORMER TENANT IF KNOWN_____

I hereby acknowledge that the above information is correct and that I agree to use the water according to the Rules and Regulations of the Authority, and to pay for water service at the above service location.

Signed _____ **Dated** _____/_____/_____

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

"MAWT is an equal opportunity provider and employer."

==========DO NOT WRITE BELOW THIS LINE==========

Account # _____ **Check No.**_____ **Amount**_____

Comments_____ **Driver License Number** _____ **State Licensed** _____

MAWT, 1390 Fayette Ave, Belle Vernon, PA 15012
(724) 929-3370 (phone) (724) 929-2680 (fax) TTY/TDD 711 www.mawt.net