APPLICATION FOR WATER SERVICE BY TRUCK
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.

Bills are issued monthly and are determined by meter registration. Minimum charge for water service is $223.40. A 2,000 gallon usage allowance is included in the monthly charge. Any usage over 2,000 gallons will be billed at $5.46 per 1,000 gallons. Bills are mailed the first week of the month and due the last Tuesday of the month, 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, including a $10 posting fee if your property is posted for shut-off. 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 $ 50.00 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 ☐ Applicant ☐

APPLICANT NAME: _____

SERVICE ADDRESS: WATER PLANT OTHER: _____

ADDRESS WHERE BILLS ARE TO BE SENT: _____

_____

PHONE NUMBER: HOME:_____ **WORK:** _____ **CELL:** _____

BUSINESS NAME: _____

ADDRESS: _____**PHONE:** _____

CITY, STATE, AND ZIPCODE

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** _____/_____/_____

==========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

****$1.00/month capital improvement fee is added to every customer's bill**

"MAWT is an equal opportunity provider and employer."