

Danville Municipal Authority Water/Wastewater Services Application

This application is for customers requesting to initiate a new water or sewer service account (s) or establish additional service. Please complete all blanks. Incomplete forms may delay the application process or result in the denial of service.

I. General Information:

Select the service you wish to establish:

Residential (capacity/will serve letter (\$2,000 escrow deposit required)

Commercial/Industrial (capacity/will serve letter (\$5,000 deposit required)

Sprinkler

Today's Date: _____ **Request Date for Service:** _____

Requested Service Location Address (if applicable): _____

City _____ State _____ Zip Code _____

Requested Service Location:

Property is location between streets _____ & _____

Please sketch your preferred service location on the diagram below:

Applicant Information: Name: _____

Mailing Address: _____ City _____

State _____ Zip Code _____ Day Phone () _____

Cell Phone () _____ Fax () _____ Email _____

Billing Information (responsible for bill): Name: _____

Mailing Address: _____ City _____

State _____ Zip Code _____ Day Phone () _____

Cell Phone () _____ Fax () _____ Email _____

Property Owner: Name: _____ **Same as Billing Information:**

Mailing Address: _____ City _____

State _____ Zip Code _____ Day Phone () _____

Cell Phone () _____ Fax () _____ Email _____

II. Property Description:

New Construction

Subdivision

Vacant Land

- Existing Structure
- Land Development
- Property Conversion

Use of Service:

- Single Family
- Commercial
- Mixed (residential/commercial)
- Multifamily (2-4 units)
- Industrial
- Apartments (≥ 5 units)

Number of connection(s) requested for each service listed below:

Water _____ Sewer _____ Sprinkler _____

Number of EDU's (Equivalent Dwelling Unit) currently existing: _____

Number of additional EDU's being requested: _____

III. Complete for Water Service:

Is there an existing water service at the property? Yes No

If yes

- Do you want to replace/upgrade the existing service

Or

- Add another service line and keep the existing

IV. Complete for Sewer Service:

Is there an existing sewer service at the property? Yes No

If yes

- Do you want to replace/upgrade the existing service

Or

- Add another service line and keep the existing

V. Complete for *Fire Service:

Is there an existing fire service at the property? Yes No

If yes

- Do you want to replace/upgrade the existing service

Or

- Add another service line and keep the existing

VI. Plans must be submitted, reviewed and approved by the Authority's engineer.

Applicant to complete and sign below:

I understand that the Danville Municipal Authority shall have the right to terminate water/wastewater service if any of the information supplied is determined to be false or untrue. In addition, I understand and agree that the Danville Municipal Authority, through its authorized employees, shall have access to its equipment at all reasonable times for the purpose of reading meters and inspection/testing, repairing/replacing any equipment which is the property of the Danville Municipal Authority. I understand it is my responsibility to notify the department of any changes regarding my contact information such as: Mailing address, telephone number(s) or e-mail address. I understand that these services are subject to the rates, conditions, rules and regulations of the Danville Municipal Authority. I understand that I will be billed

annually for Fire Service. I understand that backflow prevention devices may be required. I understand that the water distribution system pressure varies throughout the Borough and it is the property owner's responsibility to increase pressure where needed.

By signing below, I acknowledge that I am the authorized business representative and it is my responsibility to establish water/wastewater service with the Danville Municipal Authority and all information is true and correct. I agree to comply with all Water and Sewer Rules and Regulations as governed by the Danville Municipal Authority, as they currently read or updated and revised by Danville Municipal Authority.

Printed Name

Title

Applicant's Signature

Date

FOR OFFICE USE ONLY

For DMA Office Use Only

Primary Account No.: _____

Tax ID Verified: Yes No

State: _____

Good Standing: Yes No

Amount of Deposit: _____ **Deposit Paid:** Yes No **Payment Type:** Cash Check # _____

Employee Initials: _____

Supervisor Initials: _____