

Ohiopyle Borough Sewerage Treatment System
New Customer Application pg. 1

Property Information/Service Address

Lot Number _____ Physical Address _____
Street Number Street Name

Property Owner Contact Information

Owner Name _____
Business Name _____
(if applicable)
Contact Information: Email _____
Home Phone Number Cell Phone Number

Billing Address

Street Address/PO Box _____
City _____ State _____ Zip Code _____

Please check the appropriate box below and sign

I affirm I am the owner of the above property and authorize the Ohiopyle Borough to deliver sewer bills and other communications to the **Billing Address** shown above. I acknowledge that charges issued against the property must be paid in full by the due date listed or interest charges will be imposed. I understand that I am required to maintain service to the property for a minimum of one year from date of application.

Signature of Owner

ALTERNATE or DUPLICATE BILL MAILING ADDRESS: (Check one) **Alternate** ___ **Duplicate** ___

I affirm I am the owner of the above property and authorize the Ohiopyle Borough to deliver sewer bills and other communications to the **Name and Address** shown below. I acknowledge responsibility for ensuring charges issued against the property must be paid in full by the due date listed or interest charges will be imposed. I understand that I am required to maintain service to the property for a minimum of one year from the date of application.

Signature of Owner

Mail Bills to: _____ Phone Number: _____

Street Address _____

City _____ State _____ ZIP _____

Please mail or fax completed application to: PO Box 83, Ohiopyle, PA 15470 (724) 329-1661

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Property Purpose – please describe the nature of the service property

Have you made application for water service with Indian Creek Valley
Water Authority? _____

What is the date your water service will start? _____

What is the meter size water tap-in classification of your service line?

What is the date your sewer lateral will be available to tap into the main
line? _____