

# BLOOMFIELD BOROUGH WATER AUTHORITY

## WATER SERVICE APPLICATION

PROPERTY ADDRESS: \_\_\_\_\_  
PROPERTY OWNER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
TYPE OF ACCOUNT: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL  
OTHER (SPECIFY): \_\_\_\_\_  
SERVICE LINE SIZE: \_\_\_\_\_  
NUMBER OF EQUIVALENT DWELLING UNITS: \_\_\_\_\_  
DATE SERVICE REQUIRED: \_\_\_\_\_  
NEW CONSTRUCTION: \_\_\_\_\_ YES \_\_\_\_\_ NO  
OWNERSHIP TRANSFER: \_\_\_\_\_ YES \_\_\_\_\_ NO  
SPECIAL CIRCUMSTANCES: \_\_\_\_\_  
\_\_\_\_\_

*By signing this Application, the applicant agrees to abide by the Rules and Regulations of the Bloomfield Borough Water Authority, in particular the provisions governing the terms, conditions, fees and charges relating to water service.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

APPLICATION REQUEST FOR WATER SERVICE MUST BE SUBMITTED AT LEAST SEVEN (7) DAYS BEFORE SERVICE IS REQUIRED.

### AUTHORITY USE ONLY

INSPECTION DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_  
FEES PAID: \_\_\_\_\_

Please complete and return to: Bloomfield Borough Water Authority  
Post Office Box 293  
New Bloomfield, PA 17068