

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