

Center Township Sanitary Authority

SANITARY SEWER SERVICE APPLICATION

Date: _____

Account #: _____

Home Owner

Renter

New Construction

Commercial

Name: _____

Address: _____

Phone: _____ ID Info: _____

E-mail address: _____

Location of Property: _____

Tax Parcel #: _____

PROPERTY OWNER INFORMATION

Name of Property Owner: _____

Address of Property Owner: _____

Phone of Property Owner: _____

The undersigned owner (s) and/or tenant (s) hereby agree to abide all applicable Ordinances of the Township of Center and applicable Resolutions and Regulations of the Center Township Sanitary Authority, including but not limited to, the timely payment of monthly sewer bills at the rates now or hereafter prevailing, and consent to the collection of delinquent billings, including penalties and interest and costs, by action in assumpsit, by termination of water services as provided by ACT of 1949, P.L. 492, No.98 (53 P.S.S2261 et seq), as amended, or in any other manner provided by law for the recovery of municipal claims.

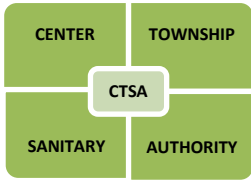
Signature of Owner

Signature of Tenant

Date Accepted: _____

CTSA USE

Accepted By: _____



Center Township Sanitary Authority

SANITARY SEWER CONNECTION APPLICATION

- Type of Occupancy: Single Family Residence
- Multi Family Residence _____ # of Multi Family Units
- Commercial – Single use
- Multi Commercial _____ # of Multi Commercial Units

Estimated water consumption per year _____ Gallons.
of EDU's _____ X \$3,950 = _____
Date Paid: _____ Form of PMT: _____
of Inspection Fee (s) _____ X \$150 = _____
Date Paid: _____ Form of PMT: _____

<input type="checkbox"/> Owner	<input type="checkbox"/> Developer	<input type="checkbox"/> Contractor
Name: _____		
Address: _____		
Cell Phone #: _____ E-mail address: _____		

INSPECTIONS: Authority outside sewer lateral inspections are for the protection of the CTSA only. All work must be completed in accordance with the applicable Rules & Regulations of the CTSA. 24 HOUR NOTICE MUST BE GIVEN THAT LINE IS READY FOR INSPECTION

Print Name Signature

CTSA USE	
Date Accepted: _____	Accepted By: _____