

PLUM BOROUGH MUNICIPAL AUTHORITY
APPLICATION FOR WATER/SEWER/ SANITATION
SERVICE FOR OWNERS

Name: _____ Phone: _____

Service Address: _____

Email: _____ Effective Date: _____

Billing Address: _____

I/We hereby apply to Plum Borough Municipal Authority for the purchase and supply of water/sewer/**fire suppression**/sanitation service to my/our premises.

I/We agree to abide by the rules and regulations that are now in effect, or which will be adopted in the future by Plum Borough Municipal Authority. I/We also agree at this time to pay a **\$10.00** non-refundable application fee and where applicable a non-refundable **\$190.00** document recording fee.

I/We understand that failure to pay my/our water bill for a period of thirty (30) days past the due date will cause the water service to be shut off. **I/We also understand that should water service be terminated for nonpayment I/we are placing myself/ourselves at risk due to the fact that the fire suppression system has been rendered inoperable and our residence may be declared uninhabitable by the Borough of Plum.** Should service be terminated a service charge of **\$50.00** will be added to the account to restore water/sewer/**fire suppression**/sanitation privileges. (A **5% penalty charge** will also be assessed on any unpaid balances after the due date.)

I/We understand that a **\$10.00** fee will be applied to My/Our account if it becomes necessary to physically deliver and post a termination notice to the above address.

I/We understand that I/We are responsible for the meter and any damage done to the water meter by freezing, tampering or breaking of the seal. I/We will have to pay for any damage done to the meter and also be penalized for breaking the seal without notifying the Plum Borough Municipal Authority.

REQUIRED INFORMATION AT TIME OF SIGNING FOR SERVICE:

☐ **\$10.00 Application Fee**

☐ **Copy of Driver's License**

*I/WE HAVE READ THE TERMS OF THIS APPLICATION AND I/WE AGREE
TO ALL RULES AND REGULATIONS OF THE PLUM BOROUGH MUNICIPAL AUTHORITY.*

SIGNATURE OF OWNER(S): _____ Date: _____

TO BE COMPLETED BY AUTHORITY REPRESENTATIVE:

Payment received by: Cash _____ Check # _____ Credit card _____ Money order # _____