SOUTHWESTERN PENNSYLVANIA WATER AUTHORITY

Customer Account #:

Complete the entire agreement. "Applicant" is each adult person who will receive water service at the premises described. If the household includes a husband and wife or two persons living together, the names of both persons are requested, including the wife's maiden name. Each applicant agrees to be jointly and severally liable for the bills rendered for water service as a result of this application. It is understood that the rates, terms, rules and regulation applicable to service supplied hereunder are set forth in the Authority's rates and regulations, as may be published from time to time and are made part of this application. Copies of which are available for public inspection at the Authority office and on our website at www.spwawater.com. I further agree that I will complete the information called for within this application.

TYPE OF SERVICE: Existing Service	CLA: New Construction Residentia	SS OF SERVICE:	Industrial _		
BUILDING TYPE : Single Family Dwelling	Duplex Apartment	Retail Other: _			
1. Customer Information:	Name (First, Initial, Last)			Soc. Sec. No. (last 4)	
	Name (First, Initial, Last)			Soc. Sec. No. (last 4)	
	Service Address			Email Address	
	Mailing Address			Phone No.	
2. Own or Rent:	Owned Rent			Municipality	
3. Landlord Information:	Name			Length of Lease	
	Address (Street, City, Zip Code)			Phone No.	
4. Former Residence:	Address (Street, City, Zip Code)			Phone No.	
	Previous Landlord			Home Phone No.	
5. Driver's License:	Driver's License #			Please Provide Copy of ID	
6. Emergency Contact:	Name:			Phone No.	
Applicants acknowledge bound for service rende	e they have read the above application and the contraction is the Authority.	on, understand it, have	e made truthful ansv	wers thereon, a	e jointly and severally
7. Signatures	Applicant	Applicant		Applicant	
	Date	Date		Date	
Article IV, Section B, Par guarantee payment for v	ragraph 2 "When application is made b water service.	y someone other than	the owner, the own	er shall co-sign t	he application and shall
Landlord Signature:	Date	 :	Authority Signat	ure:	Date:

ID (New Landlord Only) Driver's License #: ___