BOROUGH OF STONEBORO

APPLICATION FOR WATER AND SEWER SERVICE

NAME OF APPLICANT: _____

SERVICE ADDRESS (NUMBER&STREET) _____

MAILING ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: _____

EMAIL ADDRESS: _____

NO. OF OCCUPANTS: _____

NAME(S) OF ALL OCCUPANTS OVER THE AGE OF 18

_____ _____

_____ _____

_____ _____

ACCOUNT# _____

DATE SERVICE TO START: _____

_____RESIDENCE _____COMMERCIAL _____RENTAL

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY OWNER: _____

TELEPHONE OF PROPERTY OWNER: _____

I HEREBY REQUEST SERVICE AT ADDRESS INDICATED ABOVE AND CERTIFY I WILL COMPLY WITH STONEBORO RULES AND REGULATIONS AS SET FORTH IN THE ORDINANCES ADOPTED BY COUNCIL.

SIGNATURE: _____ DATE: _____

(SUBMIT TO THE BOROUGH OFFICE @ P.O. BOX 337, 59 LAKE STREET, STONEBORO, PA 16153)