

AUTHORIZATION APPLICATION TO CONNECT TO THE
TOWN OF MOUNT GILEAD SEWER SYSTEM

Date of Application: _____

Name/Company: _____

Name/ for attention of: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Mobile #: _____

Last four digits of Social Security #: _____

I confirm that I am the owner/occupier of the address to be connected and that the applicant has approval to act exclusively on my behalf in dealing with the Town of Mount Gilead and Montgomery County regarding the connection to the public sewer at this site. I confirm that the proposed connections to the public sewer will be for the purpose of discharging sewage only to the sewer and that NO rain, surface or subsoil water will be discharged into the sewer. I further agree to comply with the Mount Gilead Sewer Use Ordinance and Montgomery County ordinances pertaining to sewer use. I understand that by signing this document, I authorize the Town of Mount Gilead, or Montgomery County on behalf of the Town of Mount Gilead, to bill and collect charges for the use of the sewer system and that I will abide by their utility billing policies.

Applicant Signature	Date
Town of Mount Gilead Representatives Signature	Date
Montgomery County Inspectors Signature	Date
Montgomery County Water Department Authorization	Date