HARRISBURG WATER AND SEWER DEPARTMENT
APPLICATION FOR SERVICE

APPLICANT NAME: _____

ADDRESS FOR SERVICE: _____

APPLICANT PHONE NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS TO MAIL THE BILL TO: _____

WHO CAN WE CALL IF YOU ARE NOT AVAILABLE IN CASE OF AN EMERGENCY?

_____

WHAT IS THE EMERGENCY CONTACT PHONE NUMBER(S)?

_____

BY SIGNING THIS APPLICATION, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING ALL WATER AND SEWER CHARGES THAT ARE INCURRED AT THE ABOVE ADDRESS. IF THEY ARE NOT PAID AS REQUIRED, I MAY BE HELD RESPONSIBLE FOR ANY LATE FEES, COURT COST, ATTORNEY FEES, AND ANY OTHER FEE ASSOCIATED WITH RECOVERY OF PAYMENT. ALL PAYMENTS ARE DUE ON THE DUE DATE, REGARDLESS OF THE DAY OF THE WEEK WHEN THE DUE DATE IS. IF NOT PAID ON OR BY THE DUE DATE, A LATE FEE MAY BE ADDED. IT IS THE CUSTOMER'S RESPONSIBILITY TO CONTACT THE WATER OFFICE IF THEY DO NOT RECEIVE A BILL, OR HAVE A QUESTION CONCERNING THE AMOUNT OWED OR DUE DATE. IF PAYMENT IS NOT RECEIVED, I UNDERSTAND THAT MY SERVICE MAY BE DISCONNECTED WITH A $75.00 FEE ADDED TO THE AMOUNT DUE. BY SIGNING THIS APPLICATION, I AGREE TO COMPLY WITH THE RULES OF THIS APPLICATION AND THOSE SET BY CITY CODE.

CUSTOMER SIGNATURE _____ DATE _____