

MUNICIPAL AUTHORITY OF THE BOROUGH OF MANSFIELD
APPLICATION FOR WATER &/OR SEWER SERVICE
14 South Main Street, Mansfield, PA 16933

Phone: (570)662-2589, Fax: (570)662-3414 Email: mmauth@ptd.net Website: www.mansfieldmunicipal.com

DATE: _____

CUSTOMER NAME: _____

BILLING ADDRESS: _____

PROPERTY ADDRESS (IF DIFFERENT FROM BILLING ADDRESS) _____

ACTIVATION DATE: _____

****RENTAL:** _____ (OWNER-OCCUPIED) **RESIDENTIAL:** _____ **COMMERCIAL:** _____

*****(Tenants please complete page 2 of application)***

NUMBER OF INDIVIDUALS OVER THE AGE OF TWO RESIDING IN HOME: _____

PHONE #: _____

EMAIL: _____

HAVE YOU EVER HAD WATER/SEWER SERVICE WITH US BEFORE? _____

I WOULD PREFER TO RECEIVE MY BILL VIA **EMAIL** _____ **MAIL** _____.

*THE MUNICIPAL AUTHORITY RESERVES THE RIGHT TO CHARGE A **\$9.00 FINAL READING FEE** ON YOUR LAST WATER/SEWER BILL.

The Mansfield Municipal Authority reserves the right to contact an attorney/collection agency on any account falling delinquent. Any additional expenses/fees will be the responsibility of the account holder.

The undersigned hereby makes application for a supply of water and sewer service for the address listed above beginning on the date listed above, assumes responsibility for payment and agrees to comply with the Rules, Rates and Regulations of the Municipal Authority.

Non-Discrimination Statement:

The Mansfield Municipal Authority does not discriminate against any person in the provision of water service or against any of its customers for any reason because of political or religious opinions or affiliations or because of race, color, religion, gender, sexual orientation, gender identity or veteran status, or any other expression, national origin, age, genetic information, disability, characteristic protected by state or federal law. Persons with disabilities may contact the office to discuss any necessary accommodations to receive water service, to attend a meeting of the Mansfield Municipal Authority Board, to physically access the office or to otherwise contact Authority staff members. The Authority will make all reasonable accommodations.

PLEASE NOTE: All applications are subject to approval.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY:

ACCOUNT NUMBER: _____ METER ID: _____ ROUTE/SEQ# _____

**MUNICIPAL AUTHORITY OF THE BOROUGH OF MANSFIELD
WATER AND/OR SEWER DEPOSIT AGREEMENT FOR RENTAL PROPERTIES**

ACCOUNT# _____ DATE: _____

CUSTOMER NAME: _____

PROPERTY ADDRESS: _____

WATER DEPOSIT PAID: _____ SEWER DEPOSIT PAID: _____

_____ I AGREE TO PAY A RENTAL WATER DEPOSIT IN THE AMOUNT OF **\$25.00 PER PERSON**

_____ I AGREE TO PAY A RENTAL SEWER DEPOSIT IN THE AMOUNT OF **\$20.00 PER PERSON**

_____ I CAN PROVIDE RELIABLE DOCUMENTATION PROVING I HAVE A CREDIT SCORE OF
600 OR HIGHER IN THE LAST 30 DAYS.

_____ I CAN PROVIDE RELIABLE DOCUMENTATION PROVING I HAVE A CREDIT SCORE OF
500 TO 599 AS A RESULT OF MEDICAL BILLS IN THE LAST 30 DAYS.

THIS DEPOSIT WILL BE HELD AS A SECURITY UNTIL NOTICE IS GIVEN BY ME TO THE WATER SYSTEM FOR A TERMINATION AND UPON PAYMENT OF THE FINAL BILL FOR THIS LOCATION DEPOSIT WILL BE REFUNDED TO ME OR AFTER 24 CONSECUTIVE MONTHS OF ON TIME PAYMENTS. IF PAYMENT IS NOT RECEIVED AND SERVICE IS DISCONTINUED FOR NON-PAYMENT, MY DEPOSIT MAY BE FORFEITED AND APPLIED TO MY BILL UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.

**** SECURITY DEPOSIT REQUIRED WITH APPLICATION**

DATE: _____ SIGNATURE: _____