



MUNICIPAL AUTHORITY

OF THE BOROUGH OF MANSFIELD

WATER SYSTEM

APPLICATION FOR WATER & SEWER SERVICE

Today's Date: _____

Name: _____

Street Address for which service is requested: _____

Billing Address (if different from above): _____

Phone Number: _____

Email (only used to contact you about the account): _____

Circle one:

I would prefer to receive my bill via **mail** or **email**.

Effective Date Service is Requested: (the day your lease begins): _____

Type of Service Requested:

_____ Transfer of Existing Service to New Owner*

Name of Previous Owner: _____

_____ Other (name change) _____

*A FINAL READING MUST BE TAKEN BEFORE SERVICE CAN BE TRANSFERRED. A final reading releases the new owner from water and sewer usage charges made by the previous owner. When you request to have the account taken out of your name there will be a \$9.00 Final Reading Fee on your last 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. **PLEASE NOTE: All applications are subject to approval.**

SIGNATURE: _____

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FOR OFFICE USE ONLY:

ACCOUNT# _____ RTE/SEQ# _____ METER ID# _____
14 SOUTH MAIN STREET, MANSFIELD, PA 16933

PHONE: 570.662.2589 FAX: 570-662.3414 E-MAIL: mmauth@ptd.net

THE MUNICIPAL AUTHORITY IS AN EQUAL OPPORTUNITY PROVIDER