

CORAOPOLIS WATER & SEWER AUTHORITY

1012 FIFTH AVENUE

CORAOPOLIS, PA 15108

Phone: 412-264-3009 * Fax: 412-264-6951

Web site: Corapoliswater.org

APPLICATION FOR SERVICE

Name: _____ Account No. _____

Service Address: _____

Bill To Address: _____

City, State & Zip: _____

Social Security Number: xxx-xx _____ Telephone Number: _____

Today's Date: _____ Service Date: _____

Employer Name: _____

Work Address: _____

Work Telephone Number: _____

Spouse/Other _____ No. of People at this address: _____

I HEREBY MAKE APPLICATION FOR USE OF SERVICES AND AGREE TO BE GOVERNED BY THE RATES, RULES AND REGULATIONS ADOPTED BY THE AUTHORITY.

SIGNATURE _____

If renting a deposit of \$115.00 must be received before service can be granted

Owner Name: _____

Owner Address _____

City, State & Zip _____ Telephone No. _____