

1744 Rostraver Road, Rostraver Twp, PA 15012 Telephone: 724- 930-7667 FAX: 724-9309401 Email: <u>info@rostraversewage.com</u> Website: <u>www.rostraversewage.com</u>

APPLICATION FOR RESIDENTIAL SEWAGE SERVICE CONNECTION

DATE

Subject to the Rules and Regulations of the Rostraver Township Sewage Authority, which it is agreed, shall form a part of this contract, the undersigned hereby makes application to the Authority for sewage service connection at the premises located at:

LOCATION	
OWNER:	PHONE NO
ADDRESS: _	
LOT NO.:	TAX ID NO

The applicant agrees and guarantees to pay the Authority for sewage service at the premises for which this application is submitted in accordance with the rates, terms, conditions, rules, and regulations applicable to this service supplied hereunder, which shall upon date of this application, or at any time during the period the applicant is supplied service as provided for herein, currently in effect and as indicated in the Authority's rate schedule.

Individual Liability For Joint Service: Two or more parties who joint to make application for service shall be jointly and severally liable and shall be sent single periodic bills.

This application is accompanied by a tap-in fee in the amount of $\underline{\$4,750.00}$. This fee becomes the property of the Authority and in no situation will be subject to refund.

The applicant is responsible for obtaining the plumbing permit, if applicable.

Number of EDU's ____ (EDU to be based upon a wastewater flow of 400 gallons per day upon a 24-hour runoff period and rounded to the next highest whole integer.)

\$_____Tap-in Fee Paid per EDU

Owner _____(Signature)

Application Approved and Permit Issued for the Authority By:

Signed

Vincent Campbell, Manager

Date:

Permit No.