

ROSTRAVER TOWNSHIP SEWAGE AUTHORITY

1744 Rostraver Road Belle Vernon, PA 15012 (724) 930-7667, FAX (724) 930-9401
(An Equal Opportunity Employer and Provider)

APPLICATION FOR INSTALLATION OF AN AUXILIARY WATER METER

Date _____

Phone Number _____ Account Number _____

Name _____

Address _____

The person making this application agrees that they will install the auxiliary water meter in accordance with the Rules and Regulations governing the Installation of Auxiliary Water Meters. And that they will purchase the Auxiliary Water Meter from the Sewage Authority and pay for all Service Fees and Reading Fees as required.

Amount: \$120.00 Date paid for Auxiliary Water Meter _____

Signature _____

An Annual Fee of \$25.00 will be charged to your account at the time of the meter installation.

A \$5.00 fee will be charged for each time the Auxiliary Water Meter is read.

For Authority Use

Date Inspection made _____ Id # _____

Brand of Meter _____ Size _____ S/N _____

Meter Location _____

Remote Reader Location _____

Initial Reading _____

Inspector _____