

# **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.

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### **For Authority Use**

Date Inspection made \_\_\_\_\_ Id # \_\_\_\_\_

Brand of Meter \_\_\_\_\_ Size \_\_\_\_\_ S/N \_\_\_\_\_

Meter Location \_\_\_\_\_

Remote Reader Location \_\_\_\_\_

Initial Reading \_\_\_\_\_

Inspector \_\_\_\_\_