



MABL LATERAL MAINTENANCE APPLICATION

Date: _____ **Name:** _____

Service Address: _____

Mailing Address (if different than above): _____

Account #: _____ **Phone #:** _____

Signature: _____

Type: ___ residential ___ meter pit ___ commercial

Service line type/size: ___ copper ___ galvanized ___ blue poly CTS/with trace ___ pvc

Check valve: ___ yes ___ no **Check valve type:** _____

Calibration Read: _____

Approved By: _____ **Date:** _____

Declined By: _____ **Date:** _____

Reason Declined: _____

Does not cover to rear properties and/or where the meter is in the front house

***** Premium will be invoiced upon approval of application. *****

The Municipal Authority of the Borough of Lewistown (MABL) reserves the right to reject any application for this plan. Approval will be at the discretion of MABL staff and premium payment will be expected with ten (10) days of approval notification.