

**THE MUNICIPAL AUTHORITY OF THE BOROUGH OF LEWISTOWN**

**APPLICATION FOR NEW WATER SERVICE**

**SERVICE TYPE:** DOMESTIC \_\_\_ COMMERCIAL \_\_\_ INDUSTRIAL \_\_\_ PUBLIC \_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PROPERTY TO BE SERVED ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PROPERTY OCCUPIED AS:** \_\_\_\_\_

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**PHOTO I.D.#:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_  
\_\_\_\_\_

**SSN:** \_\_\_\_\_  
\_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_  
\_\_\_\_\_

**NEAR CONTACT:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I/WE HEREBY MAKE APPLICATION FOR NEW SERVICE AT THE PREMISES AS STATED ABOVE AND REQUEST THE MUNICIPAL AUTHORITY OF THE BOROUGH OF LEWISTOWN TO MAKE CONNECTION WITH ITS DISTRIBUTION SYSTEM.

<b>**For Office Use Only**</b>	Account Number Assigned: _____
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**TABLE 1 INDICATES APPLICANT'S REQUIREMENTS FOR SERVICE**

Note 1 Table 1 to be completed by the Applicant  
 Note 2 Table 1 does not need to be completed if the application is for one single family residence.

<b>TABLE 1</b>					
Service Type	Projected Average Flow (gpm)	Projected Peak Flow (gpm)	Required Minimum Pressure (psi) <sup>1</sup>	Required Duration of Flow (minutes)	Will there be Sprinklers? Y/N?
Fire Service <sup>2</sup>	N/A				
Non-Fire Service				N/A	N/A

<sup>1</sup>Measured at the service shutoff at the street  
<sup>2</sup>Sum of required hydrant and sprinkler flow

Applicant's estimate of number of new customers:

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_  
 Industrial: \_\_\_\_\_ Public: \_\_\_\_\_

THE UNDERSIGNED UNDERSTANDS THAT THIS DOCUMENT IS AN APPLICATION FOR WATER SERVICE, THE APPLICANT'S COMPLETION OF WHICH DOES NOT CONSTITUTE AN OFFER OF SERVICE BY THE MUNICIPAL AUTHORITY OF THE BOROUGH OF LEWISTOWN.

THE MUNICIPAL AUTHORITY OF THE BOROUGH OF LEWISTOWN WILL REVIEW THE APPLICATION AND WILL NOTIFY THE APPLICANT IN WRITING OF ITS APPROVAL OR REJECTION OF THE APPLICATION AND ANY TERMS OF SERVICE ASSOCIATED THEREWITH.

THE APPLICANT AGREES TO MAKE AN INITIAL DEPOSIT FOR ALL ACT 57 RELATED CHARGES INCURRED WITH THE CONNECTION IN THE AMOUNT OF \$900.00. ADDITIONAL ACT 57 CHARGES MAY APPLY. THE APPLICANT WILL BE NOTIFIED OF ADDITIONAL ACT 57 CHARGES AS PART OF THE WRITTEN NOTIFICATION PROCEDURE. APPLICATION APPROVAL IS NOT GRANTED UNTIL PAYMENT BY THE APPLICANT OF ALL ACT 57 AND RELATED CHARGES.

**APPLICANT(S) SIGNATURE:** \_\_\_\_\_  
 \_\_\_\_\_

**FEDERAL EIN #:** \_\_\_\_\_

I have been advised of the current rates and rules on tap fee expiration: \_\_\_\_\_

I have received a copy of the residential Service Line Specifications: \_\_\_\_\_

I acknowledge a copy of the rates and rules can be obtained at [www.lewistownwater.com](http://www.lewistownwater.com) \_\_\_\_\_