

# APPLICATION FOR COMMERCIAL / INDUSTRIAL SERVICE

NAME (CUSTOMER): \_\_\_\_\_

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

NATURE OF BUSINESS: \_\_\_\_\_

SERVICE START DATE: \_\_\_\_\_

PROJECTED USAGE (GPM): \_\_\_\_\_

Is Property being Leased/Rented  Yes  No

Service Address \_\_\_\_\_

FEDERAL EIN# \_\_\_\_\_

Suite \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

City, State Zip \_\_\_\_\_

LOCAL CONTACT PERSON: \_\_\_\_\_

Address \_\_\_\_\_

LOCAL BUSINESS #: ( \_\_\_\_\_ ) \_\_\_\_\_ EXT \_\_\_\_\_

Apt \_\_\_\_\_

The Local Business # will be used for any Emergency Notifications or issues regarding service.

City, State Zip \_\_\_\_\_

FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Email: \_\_\_\_\_

**BILL TO INFORMATION:**

Attention \_\_\_\_\_

Address \_\_\_\_\_

Apt \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile: ( \_\_\_\_\_ ) \_\_\_\_\_

Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**SIGN UP FOR AUTO PAY**  Yes  No

**PROPERTY OWNER INFORMATION:**

Attention \_\_\_\_\_

Address \_\_\_\_\_

Apt \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile: ( \_\_\_\_\_ ) \_\_\_\_\_

Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**ENROLL IN PORTAL/E-BILLING**  Yes  No

A NON-REFUNDABLE start up fee of \$25.00 (if meter reading only required) or \$60.00 (if meter installation required) will be applied to your first bill.

**All customers will pay an equitable charge for their respective share of capacity within the Authority's water and sewer facilities. When applying for service, capacity fees will be based upon the prospective customer's projected water and sewer usage. Additional water and/or sewer capacity fees may be owing for this property. HSWA will contact you if applicable.**

**The Authority will annually conduct a capacity analysis study. Customers found to have exceeded their original purchased or assigned usage, for any month during the twelve-month period, shall be billed additional capacity fees based upon their actual usage.**

The person signing hereby attests that he/she is a duly authorized representative of applicant and has the full authority to execute this application.

**UNSWORN VERIFICATION**

The undersigned verifies that he/she is authorized to make this verification on behalf of \_\_\_\_\_; and that the statements made in the foregoing Applications are true and correct to the best of his/her knowledge, information and belief. He/she understands that false statements herein are subject to the penalties of 18 Pa. C.S.A. Sec. 4904, related to unsworn falsification to authority.

Usage of the Authority's water or sewer services subjects the applicant to the Authority's Rules and Regulations and current rate fees.

I, (print name) \_\_\_\_\_, have accepted  rejected  copies of the HSWA RULES AND REGULATIONS

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

HSWA Representative's Signature \_\_\_\_\_

(OFFICE USE)

**SERVICES TO BE BILLED BY HSWA:**  HSWA Water  HSWA Sewer  
 Sprinkler \_\_\_\_\_  Fire Hydrant \_\_\_\_\_  Windber Sewer Treatment (467-5574)

Sewage Treatment provided by Greater Johnstown Water Authority (533-4300) and will receive a separate treatment bill

Sewage Treatment provided by Forest Hills Municipal Authority (495-5614) and will receive a separate treatment bill

ACCOUNT # \_\_\_\_\_ — \_\_\_\_\_

SEWER PRESSURE TEST REQUIRED  Y  N \_\_\_\_\_

BOOK \_\_\_\_\_

SEWER WALK THRU REQUIRED  Y  N \_\_\_\_\_

Date Passed \_\_\_\_\_