

**Moon Township Municipal Authority**  
**1700 Beaver Grade Road, Suite 200**  
**Moon Township, PA 15108-3193**  
**Phone: 412-264-4300 \* Fax: 412-262-9482**

**APPLICATION FOR RENTAL PROPERTY - Page 1 of 2 pages**

*Please Print, Complete Information & Fax Back to Fax Number Shown Above*

Service includes solid waste/ recycling, water, and sewer where available.

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Name: \_\_\_\_\_ Account No. \_\_\_\_\_

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

Bill To Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone Number (1): \_\_\_\_\_

Telephone Number (2): \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Please complete owner information (if different from information above).

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

Owner Address: \_\_\_\_\_

Owner City, State & Zip: \_\_\_\_\_

Owner Telephone No: \_\_\_\_\_

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**MOON TOWNSHIP MUNICIPAL AUTHORITY APPLICATION FOR SERVICE Fax:  
412-262-9482**

I HEREBY MAKE APPLICATION FOR SOLID WASTE/RECYCLING SERVICE, WATER, AND SEWER SERVICE (WHERE AVAILABLE) AND AGREE TO BE GOVERNED BY THE RATES, RULES AND REGULATIONS AS ADOPTED BY THE AUTHORITY. I FURTHER AGREE THAT I SHALL NOT PERMIT SURFACE OR ROOF DRAINAGE OR GROUNDWATER TO BE CONNECTED TO, OR ENTER THE SANITARY SEWER SYSTEM FROM THE DESCRIBED PREMISES.

SIGNATURE \_\_\_\_\_

**INSURANCE COVERAGE FOR SANITARY SEWER BACKUPS**

Following the unpleasant event of a sanitary sewer system backup, some sanitary sewer customers have learned that neither their insurance company nor the Moon Township Municipal Authority (MTMA) is responsible for damages incurred. The Moon Township Municipal Authority is not responsible for sudden and/or unforeseeable sanitary sewer backups and many homeowners' insurance policies do not provide coverage for these occurrences. Please check your property insurance to verify that you have adequate coverage. In the event of a sanitary sewer backup, you may call the MTMA to verify the sanitary sewer main is not clogged. If the backup is being caused by your sanitary sewer service line, it will be your responsibility to correct. \_\_\_\_\_ Customer Initial **MTMA use only:**

Services applied for:	___ Water	___ Sewer	___ Refuse
Activation Fee: _____	Date Paid: _____		
Refuse Prepayment: _____	Date Paid: _____		

Please Print, Complete Information & Fax Back to 412-262-9482