

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.

Name: _____ Account No. _____

Service Address: _____

Bill To Address: _____

City, State & Zip: _____

Telephone Number (1): _____ Telephone Number (2):

Date: _____

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

Owner Name: _____

Owner Address: _____

Owner City, State & Zip: _____

Owner Telephone No: _____

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: _____		

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