

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 SERVICE - Page 1 of 3 pages

Please Print, Complete Information & Fax Back to Fax Number Shown Above
Also, please include a copy of your driver's license or passport for identification purposes

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): _____

Purchase Date: _____ Move in Date: _____

Previous Address: _____

Employer Name: _____

Work Address: _____

Work Telephone Number: _____

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Work Address: _____

Spouse's Work Telephone Number: _____

Number in Family: _____

Account No. _____

APPLICATION FOR PRIVATE RESIDENTIAL FIRE PROTECTION SERVICE

Date: _____

Owner Name: _____

Service Address: _____

Billing Address: _____

Tenant: _____

Stand-Alone Fire System: _____ OR Combined Loop System: _____

Size of Service Line(s): _____

Size of Fire Service Meter (if Stand-Alone System): _____

Tapping fees for fire and domestic services are based on service line and meter sizes. The owner is responsible for the design, size and functionality of the private fire suppression system. The owner is required to install and maintain a testable backflow preventer which will be tested and inspected annually at their own cost. An administration fee will be charged quarterly based on either a stand-alone or combined system for the inspection and maintenance of testing records.

We/I hereby agree to abide by all Rules and Regulations of the Moon Township Municipal Authority.

Applicant: _____

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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