



**MOON TOWNSHIP MUNICIPAL AUTHORITY**

1700 Beaver Grade Road, Suite 200

Moon Township, Pennsylvania 15108-3193

Phone: 412-264-4300 • Fax: 412-262-9482

**APPLICATION FOR COMMERCIAL SERVICE**

*Please Print*

Company Name \_\_\_\_\_ Account No. \_\_\_\_\_

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

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

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

Tax ID No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Today's Date \_\_\_\_\_ Service Date \_\_\_\_\_

Are you an Owner  Or Tenant

If you are a tenant, please complete owner information.

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

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

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

Owner Telephone No. \_\_\_\_\_

**MOON TOWNSHIP MUNICIPAL AUTHORITY  
APPLICATION FOR COMMERCIAL SERVICE**

I HEREBY MAKE APPLICATION FOR USE OF SERVICES INDICATED BELOW AND AGREE TO BE GOVERNED BY THE RATES, RULES, AND REGULATIONS AS ADOPTED BY THE AUTHORITY AND FURTHER AGREE THAT I SHALL NOT PERMIT SURFACE OR ROOF DRAINAGE 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:	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer
Activation Fee _____	Date Paid _____	

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Account No. \_\_\_\_\_

## APPLICATION FOR PRIVATE FIRE PROTECTION SERVICE

Date \_\_\_\_\_

Company Name \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Owner \_\_\_\_\_

Tenant \_\_\_\_\_

Size of Service \_\_\_\_\_

Number of Sprinklers \_\_\_\_\_

Number of Hose Openings \_\_\_\_\_

Number of Hydrants \_\_\_\_\_

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

Applicant \_\_\_\_\_