

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

**APPLICATION FOR COMMERCIAL SERVICE - Page 1 of 2 pages**

*Please print, complete information and email or fax back application.*

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

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

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

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

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

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

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

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

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 SERVICE Fax:  
412-262-9482**

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:	___Water	___Sewer
Activation Fee: _____	Date Paid: _____	

Please Print, Complete Information & Fax Back to 412-262-9482 or email to: [customerservice@moontma.com](mailto:customerservice@moontma.com)

# MOON TOWNSHIP MUNICIPAL AUTHORITY

1700 BEAVER GRADE ROAD, SUITE 200  
MOON TOWNSHIP, PA 1510-3193  
412-264-4300

FAX: 412-262-9482 [CUSTOMERSERVICE@MOONTMA.COM](mailto:CUSTOMERSERVICE@MOONTMA.COM)

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 \_\_\_\_\_

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. A fee for private fire protection service will be charged annually based on the size of service and number of fire hydrants on private property.

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

APPLICANT \_\_\_\_\_