



HOPEWELL TOWNSHIP

1700 CLARK BOULEVARD
ALIQUIPPA, PA 15001
PHONE: 724-512-0156
FAX: 724-512-0154

APPLICATION FOR SEWER SERVICE

RENTER ___ OWNER ___

Date: _____

Name of Applicant: _____

Service Address: _____

Phone Number: _____ e-mail: _____

Parcel No.: _____

Application Date: _____ Service Date: _____
Month/Day/Year Month/Day/Year

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 of People in Family: _____

I/We hereby make application for use of sewer services and agree to be governed by the rates, rules and regulations as adopted by Hopewell Township and further agree that I/We shall not permit surface water, subsurface water, or roof drainage to be connected to, or enter into the sanitary sewer system from the described premises. I/We agree that in the event of default on any of the payments hereinabove agreed to be made, then the proper officers of Hopewell Township are hereby authorized and empowered to request and direct the Municipal Water Authority of Aliquippa or Creswell Heights Joint Authority to shut-off and discontinue water service to the premises above described, covered by this application, until as and when all such overdue charges, together with any penalties and interest thereon shall be paid and satisfied. The charges shall include the cost of turning off the water service and the cost of returning water service incurred.

Signature _____

Signature of Spouse _____

Township use only:
Account number Assigned _____