



HOPEWELL TOWNSHIP

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

Please Indicate Preferred Method of Contact	
_____	Phone
_____	Email

APPLICATION FOR SEWER SERVICE

RENTER _____

OWNER _____

Date of Application: _____

Name of Applicant(s): _____

Service Address: _____

Phone Number: _____ Email: _____

Start of Service Date: _____

Bill to Address: _____

(if different than service address)

Number of People in Family: _____

Emergency Contact: (Name) _____ (Phone) _____

Previous Address (if not yet moved into service address):

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 water service and the cost of returning water service incurred.

Signature _____

Signature of Spouse _____

Visit www.hopewelltp.com after 1st bill received to set up online payments & paperless bills

"People Working Together To Build A Better Community"