CITY OF FRANKLIN
430 13TH ST
FRANKLIN, PA 16323

APPLICATION FOR WATER/SEWER SERVICES

NAME OF OWNER(S): _____ DATE: _____

BILLING ADDRESS: _____ PHONE: _____

_____

LOCATION OF PROPERTY TO BE SERVED: _____

NAME OF FORMER OWNER(S): _____

DESCRIPTION OF PROPERTY (CHECK ONE): RESIDENTIAL ☐ COMMERCIAL ☐

TYPE OF SERVICE REQUIRED (CHECK ON OR BOTH): WATER ☐ SEWER ☐

CLOSING DATE: _____

DATE YOU WOULD LIKE SERVICE TO COMMENCE: _____

IF ANY PORTION OF THIS PROPERTY IS LEASED, PLEASE IDENTIFY:

NUMBER OF LEASED PREMISES: _____

NAME OF TENANT(S): _____

I(WE) VERIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I(WE) UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE SUBJECT TO PENALTIES OF 18PA.C.S. SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I(WE) UNDERSTAND THAT I(WE) WILL BE LIABLE FOR ALL WATER AND/OR SEWER CHARGES INCURRED ON AND AFTER THE DATE OF THIS APPLICATION FOR ALL LEASED PREMISES NOT LISTED HEREIN AND THAT SHOULD HAVE BEEN LISTED ON THIS APPLICATION. I(WE) AGREE TO NOTIFY THE CITY OF FRANKLIN FINANCE DEPARTMENT IN WRITING OF ANY CHANGES IN SERVICE STATUS, INCLUDING NEW OR ADDITIONAL LEASED PREMISES, AFTER THE DATE OF THIS APPLICATION.

_____
OWNER SIGNATURE

FOR OFFICE USE ONLY

DESCRIPTION OF SERVICE (CHECK ONE): METERED ☐ FLAT RATE ☐

ACCOUNT # _____

METER # _____

WSAPP2019