

Office Address:
60J Thom Street
Sewickley, PA 15143
Phone: (412) 741-9180
www.sewickleywater.org



SEWICKLEY WATER AUTHORITY

Mailing Address:
P.O. Box 190
Sewickley, PA 15143
Fax: (412) 741-0205
swater@sewickleywater.org

SERVICE APPLICATION

Application for Water Service Only Water/Sewer Service Fire Suppression (see release)

SERVICE FOR OWNER SERVICE FOR TENANT Effective Date of Service: _____

Applicant Name: _____ Spouse Name: _____

Contact Name If Applicant is a Business: _____

Service Address:

Address: _____ City: _____ Zip: _____

Billing Address (if different from above):

Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Service: Existing New Construction Sanitary Sewer Service: On-Site/Private Public

Class of Service: Residential Commercial Industrial Institutional Other _____

Are you a new SWA Customer? Yes No

If no, previous service address: _____

Water Emergency Notification Contact Information:

Main Phone #: _____ Cell Phone #: _____ Email: _____

If TENANT, landlord must complete information requested and provide signature below:

Landlord Name: _____ Street: _____

City: _____ State: _____ Zip: _____ Phone #: _____

I hereby apply to the Borough of Sewickley Water Authority for water service at the service address listed above.

I am the OWNER / TENANT (circle one) of/at the property listed above. I agree to abide by the rules and regulations that are now in effect, or which will be adopted in the future by the Borough of Sewickley Water Authority.

I understand that a 10 % penalty will be assessed on the unpaid current balance after the due date. I also understand that failure to pay my water bill for a period of thirty (30) days past the due date will cause the water service to be terminated. Should service be terminated, a service charge of \$20.00 will be added to the account to restore service privileges.

I understand that I am responsible for the meter and any damage done to the water meter by freezing, tampering or breaking of the seal. I will pay for any damage done to the meter.

I represent that the above location is presently capable of accepting water service. I understand that this application is accepted subject to availability of water at this location

Signature of Tenant: _____ Date: _____

Signature of Owner: _____ Date: _____

Please return completed form with a copy of your driver's license by mail to the P.O. Box listed above, in person to the office address listed above or via email to swater@sewickleywater.org.

For Office Use Only	
Copy of Driver's License Attached	Account # _____
Application Reviewed By: _____	Date: _____