

# Center Township Sanitary Authority

## SANITARY SEWER SERVICE APPLICATION

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Home Owner     Renter     New Construction     Commercial

Name: _____
Address: _____
Phone: _____ ID Info: _____
Location of Property: _____
Tax Parcel #: _____
\$10 Application Fee: Date Paid: _____ Form of PMT: _____

### IF RENTER - \$125 SECURITY DEPOSIT APPLIES

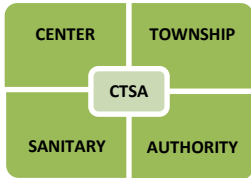
Name of Property Owner: _____
Address of Property Owner: _____
Phone of Property Owner: _____
\$125 Security Deposit: Date Paid: _____ Form of PMT: _____

The undersigned owner (s) and/or tenant (s) hereby agree to abide all applicable Ordinances of the Township of Center and applicable Resolutions and Regulations of the Center Township Sanitary Authority, including but not limited to, the timely payment of monthly sewer bills at the rates now or hereafter prevailing, and consent to the collection of delinquent billings, including penalties and interest and costs, by action in assumpsit, by termination of water services as provided by ACT of 1949, P.L. 492, No.98 (53 P.S.S2261 et seq), as amended, or in any other manner provided by law for the recovery of municipal claims.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Tenant

CTSA USE	
Date Accepted: _____	Accepted By: _____



# Center Township Sanitary Authority

## SANITARY SEWER CONNECTION APPLICATION

- Type of Occupancy:  Single Family Residence
- Multi Family Residence \_\_\_\_\_ # of Multi Family Units
- Commercial – Single use
- Multi Commercial \_\_\_\_\_ # of Multi Commercial Units

Estimated water consumption per year _____ Gallons.	
# of EDU's _____	X \$3,950 = _____
Date Paid: _____	Form of PMT: _____
# of Inspection Fee (s) _____	X \$150 = _____
Date Paid: _____	Form of PMT: _____

<input type="checkbox"/> Owner	<input type="checkbox"/> Developer	<input type="checkbox"/> Contractor
Name: _____		
Address: _____		
Office Phone #: _____		Cell Phone #: _____

***INSPECTIONS: Authority outside sewer lateral inspections are for the protection of the CTSA only. All work must be completed in accordance with the applicable Rules & Regulations of the CTSA. 24 HOUR NOTICE MUST BE GIVEN THAT LINE IS READY FOR INSPECTION***

\_\_\_\_\_

Print Name
Signature

CTSA USE	
Date Accepted: _____	Accepted By: _____