HAMPTON TOWNSHIP MUNICIPAL AUTHORITY

PO BOX 66
ALLISON PARK, PA 15101

412-486-4867
FAX 412-486-4345

www.hamptonwater.com
htma@hampton-pa.org

Property Owner Application
Water/Sewer Service

Account #

Thank you for applying for water/sewer service. So that we may establish your account in an accurate and timely manner, please answer the questions below.

We look forward to providing you with quality, professional water service. Please contact us for any information about our Authority or for any assistance you may need. Thank you for the opportunity to be your water utility.

Name _____ Telephone # _____

Property address_____ E-Mail Address _____

Type of Premises House Apartment Townhouse Other
Is the structure new? Yes No Renter or Owner
Is water used to heat the premises? Yes No
Type of service: Residential Commercial Industrial Other

Have you ever had water service from HTMA? Yes No
If yes, address_____
If employed, employer name_____ How long employed_____
Address_____ Telephone # _____

I (We) the applicant(s) for water service from Hampton Township Municipal Authority have read and understood the above application. I (We) will be jointly bound by this application to:

1. Pay all bills for water service to the property by the due date appearing on the bill.
2. Comply with all the rules and regulations of the Hampton Township Municipal Authority, a copy of which is on file at the Authority's Office or available on-line at www.hamptonwater.com

Applicant for service _____ Date_____

Office Use: Identity Verification _____