

WEST MANCHESTER TOWNSHIP AUTHORITY
SHILOH WATER SYSTEM
2115 LOG CABIN ROAD * YORK PA 17408 * 717-764-3624

APPLICATION FOR WATER SERVICE

TRANSFERRED FROM: _____

Account No. _____

Date _____

Application is hereby made to the West Manchester Township Authority for water service to supply water to the premises located at:

Service Address _____ Lot No. _____

In consideration of this connection, I / we hereby agree to pay for all water furnished through said connection by meter measurement in accordance with the rules and regulations of the Authority now in force or hereafter adopted, making them a part of this application, and request a 3/4 inch meter and dual check valve be supplied for the above premises. The Authority shall not be held liable for its failure to supply water under pressure, or in any quantity, or of any particular quality. The Authority and its duly authorized employees shall have the right at all reasonable hours to inspect any pipes, fixtures, meters, and the use of water at said premises.

I / We further agree to be responsible for all payments for water service at the premises described above from the date service under this application is commenced until service is terminated by my written notice.

I / We further agree to abide by the Rules and Regulations of the Authority, as amended from time to time.

Property owners shall be held responsible for damage to water mains, curb boxes, valve boxes, meters, blow off pipes, and fire hydrants due to negligence by themselves or their agents.

In presenting this petition to the Supervisors, I/we acknowledge the legal right of the said Supervisors to levy an annual tax upon our properties for the maintenance of such fire hydrants.

PROPERTY OWNERS ARE RESPONSIBLE FOR UNPAID WATER CHARGES OF TENANTS.

Signatures _____ SIGN

PRINT

Mailing address if different from above _____

FOR AUTHORITY USE ONLY (In the event of a water emergency, the Authority will make use of the information that you provide in order to contact you. It is therefore important that this information be accurate and updated with the Authority as necessary):

PHONE (HOME) _____ (CELL) _____ EMAIL _____

Notice of change of address or change of contact information MUST be given to the Authority within 5 days of effective change as provided in the Rules and Regulations.