



WYALUSING MUNICIPAL AUTHORITY

50 Senate Street
PO Box 61
wma@wyalusingborough.com
Wyalusing, PA 18853

www.wyalusingborough.com

(P): 570-721-6050
(F): 570-746-3576
(E) :
(W e b) :

WATER CONNECTION AGREEMENT
APPLICATION FORM

APPLICANTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

FACILITY LOCATION: _____

EXPECTED DATE OF HOOK UP: _____

The above property owner does hereby apply for permission to make connection from the above property to the public water system of the Wyalusing Municipal Authority for a fee of \$100.00.

Please provide a printout showing property lines, location of structure, and water lines. Maps must be submitted with this application for approval.

PLUMBER / CONTRACTOR: _____

PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF PIPE: _____ DIAMETER: _____

TYPE OF JOINT: _____

The applicant hereby agrees to conform with all provisions of the Connections Code of the Authority and all rules, regulations, and ordinances pertaining to the municipal water system, and to repair any damage to sidewalks, curbs, gutters, and / or property of others caused during the installation process.

APPROVED BY: _____

Representative of the Municipal Authority

Signature of Owner: _____ Date: _____

